

# Willowbank Surgery

## Quality Report

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Date of inspection visit: 3 November 2015  
Date of publication: 24/12/2015

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Willowbank Surgery on 3 November 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- The practice had a number of policies and procedures to govern activity; however we identified areas where policies were not in place for example infection control.
- 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 and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

The areas where the provider must make improvements are:

- Ensure infection control process and procedures are fully implemented.
- Ensure a safe practice environment is maintained with regards to Health and Safety of patients for example risk assessments to be in place, replacing both treatment beds, replacing all treatment rooms' curtains and replace laminate flooring in the waiting area.
- Ensure oxygen is available on the premises to deal with emergency major incidents.
- Ensure the practice policies are a true reflection of practice working process.

In addition the provider should:

# Summary of findings

- Review staffing levels and have a plan in place for emergencies.
- Review the benefits of a practice defibrillator. External guidance and national standards encourages practices to have defibrillator, for further guidance please see CQC Dr Nigel Sparrow guidance - Myth Busters one.
- Provide practice information in appropriate languages and formats.

**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 care.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.

- There was no evidence of infection control processes being in place.
- There were health and safety concerns with regards to patient safety, with no risk assessments in place to address these concerns.
- We found the medical examination couches unstable and a risk to patients.
- We identified that there was no oxygen in place in case of a medical emergency and the practice did not have a defibrillator on the premises.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.

**Good**



# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. This was evidential in patients we spoke with, comment cards and the information received from the local CCG.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice identified patients waiting to see the councillor was six months plus. The lead GP spoke to the local mental health team and secured weekly slots to help improve patient access to this service.
- Patients said they found it easy to make an appointment with the GP and that there was continuity of care, with urgent appointments available the same day. This was seen on the day and with the patients we spoke too.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice was struggling with the premises, the facilities need updating and improvements to ensure patients' needs are met.

## Are services well-led?

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

Requires improvement



- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it.
- The practice had a number of policies and procedures to govern activity, but some of these were not a true reflection on the practice. For example staff were unaware of the practice's business continuity plan.
- Health and safety of the premises was not documented in any form of risk assessments, for example the ramp in the treatment room was not safe for patients.
- There was no clear process on infection control. When speaking to staff we were given various answers on who was the lead.

# 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 was rated as requires improvement in the domains of safe and well-led care. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Nursing staff had lead roles in chronic disease management. The practice had registers in place for several long term conditions including diabetes and asthma.
- The practice had a process for vulnerable adults who failed to reply or respond to invites.

**Requires improvement**



### People with long term conditions

The practice was rated as requires improvement in the domains of safe and well-led care. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- A healthcare assistant supported the nurses to help in the education of patients with long term conditions.
- We saw good examples of joint working with health visitors and other multi-disciplinary services
- Longer appointments and home visits were available when needed.

**Requires improvement**



### Families, children and young people

The practice was rated as requires improvement in the domains of safe and well-led care. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were additional out of working hour's access to meet the needs of working age patients with extended opening hours every Saturday from 8am to 11am.
- Routine health checks were also available for patients between 40 and 74 years old
- Appointments were available outside of school hours.

**Requires improvement**



# Summary of findings

- Children were always seen on the day if they had an emergency and we saw evidence to verify this on the day of our inspection.

## **Working age people (including those recently retired and students)**

The practice was rated as requires improvement in the domains of safe, and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice encouraged feedback and participation from patients of working age through the patient participation group (PPG).
- There was additional out of working hour's access to meet the needs of working age patients with extended opening hours every Thursday until 7.30 pm.
- Routine health checks were also available for patients between 40 and 74 years old
- Health promotion advice was available in the waiting room.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The practice was rated as requires improvement in the domains of safe and well-led care. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people and also the carers of these patients.
- The practice nurse worked close to educate and improve access to the most vulnerable patients.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

**Requires improvement**



## **People experiencing poor mental health (including people with dementia)**

The practice was rated as requires improvement in the domains of safe and well-led care. The concerns which led to these ratings apply to everyone using the practice, including this population group.

**Requires improvement**



# Summary of findings

- The practice had worked with local mental health team to offer an in-house counselling service to reduce waiting times for their patients. This has resulted in the practice being able to offers patients direct access to this service.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- 83 % of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. 426 surveys were sent out and 85 were completed. This was an 20% completion rate and represented approximately 5% of the practice population :

Performance for clinically related indicators was in line with the national average. For example:

- 98% had confidence and trust in the last GP they saw or spoke to compared with a CCG average of 93% and a national average of 95%.
- 92% of respondents said the last GP they saw or spoke to was good at giving them enough time compared with a CCG average of 84% and a national average of 87%.
- 90% of respondents described their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.
- 85% of respondents said the last GP they saw or spoke to was good at treating them with care and concern compared with a CCG average of 83% and a national average of 85%.
- 99% had confidence and trust in the last nurse they saw or spoke to compared with a CCG average of 96% and a national average of 75%.
- 87% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 86% and a national average of 89%.
- 85% said the last GP they saw or spoke to was good at involving them in decisions about their care compared with a CCG average of 79% and a national average of 81%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received. Patients told us how happy they were with the appointment system, how access to see a GP was great. They also said how happy they were with the staff and how supportive and helpful they were. One patient also commented how happy he was with the new GP.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure infection control process and procedures are fully implemented.
- Ensure a safe practice environment is maintained with regards to Health and Safety of patients for example risk assessments to be in place.
- Ensure oxygen is available on the premises to deal with emergency major incidents.
- Replace all curtains in treatment rooms to reflect guidelines.

- Replace both treatment beds to ensure patient safety is maintained.
- Ensure the practice policies are a true reflection of practice working process.

### Action the service **SHOULD** take to improve

- Review staffing levels and have a robust plan in place for emergencies.
- Provide practice information in appropriate languages and formats.

# Willowbank Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by CQC Lead Inspector and a GP Specialist advisor.

## Background to Willowbank Surgery

Willowbank Surgery is located close to Manchester city centre. There were 1770 patients on the practice list at the time of our inspection and the majority of patients were of white British background. The practice is in a highly deprived area.

This practice has seen changes over the last two years, with a new GP taking over the running of the practice in 2013.

There is one GP at the practice who is male. Every Monday a female GP associate also has a surgery. There is one Advanced Nurse Prescriber (ANP) and one practice nurse and one healthcare assistant (HCA). Members of clinical staff are supported by one practice manager, one deputy manager and two reception staff.

The practice is open 8am to 6pm Monday, Tuesday and Friday with Thursday being open 8am to 7.20pm. Every Wednesday afternoon from 1pm the branch is closed and the surgery is closed each day between 1pm and 2pm. There is access into the surgery during lunchtime if required by patients.

Patients requiring a GP outside of normal working hours are advised to call "Go-to- Doc" using the usual surgery

number and the call is re-directed to the out-of-hours service. The surgery also is part of a neighbourhood scheme for Sunday appointments between the hours of 10am and 6pm.

The practice has a General Medical Services (GMS) contract and also offers enhanced services for example: Meningococcal B (Men B) infant vaccination programme 2015/16 and Facilitating timely diagnosis and support for people with dementia

## Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

## How we carried out this inspection

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

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

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

# Detailed findings

- 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. The inspector:

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 3 November 2015.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Staff told us they would inform the practice manager or GP of any incidents. We saw evidence of two events where:

- The practice carried out a thorough analysis of the significant events.
- Minutes where the events had been discussed in team meetings were seen.
- Actions arising from the meeting were filtered to the staff and changes made to reflect these actions,
- Meeting minutes were circulated to entire team including non-attendees

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example the practice implemented a new process on how staff handled and checked repeat prescriptions to patients before issuing to patients.

### Overview of safety systems and processes

The practice had detailed findings safety of systems and processes in place to keep people safe and safeguarded from abuse, which included:

- There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Clinical staff demonstrated they understood their responsibilities and all had received training relevant to their role, including Deprivation of Liberty Safeguards (DoLS).
- A notice was displayed in the waiting room advising patients that chaperones were available. All staff who acted as chaperones had been trained for the role and had received a Disclosure and Barring Service (DBS)

check. These 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.

- Three personnel files were reviewed each had the appropriate recruitment checks 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 (DBS).

The surgery was located in an end terrace house. The practice had been seeking to move premises since 2013. They had been in contact with local council and NHS England to help address concerns. The GP felt the facilities were not suitable to meet practice demands and growth the practice was seeing. We saw evidence of letters asking for funding or planning permission to move premises or upgrade the current premises. These ranged back from 2013 to the current date. We found that:

- The main access into the building was very compact; for example if you were a wheelchair user access would be difficult if you were not accompanied by another person. There was a bell which could be used for assistance in accessing the practice.
- The practice did have toilet facilities in the waiting area; however this was not accessible for patients who used a wheelchair or a walking aid.
- The waiting area was waiting area was very compact; the staff told us if patients needed to speak in private a room was available.
- The laminate flooring in the waiting area was not fixed down correctly in one area, therefore causing a rippled effect close to entrance of the nurse's treatment room. This was a trip hazard to patients.
- The entrance into the nurse's and GP room had a sloping ramp which had a gap on each side with a slight raised edge at the end. The laminate flooring covered this ramp therefore this obscured the gaps on each side and the raised edge at the end. This was a serious trip hazard to patients. No risk assessments had been carried out. The practice took immediate temporary measures and highlighted both sides of the ramp and the edge, with fluorescent tape.

## Are services safe?

- There were two treatment rooms in the practice. Both rooms had a wooden framed examination couch. These were very unstable.

Systems for infection control needed improving. We found that:-

- There was no clear line of responsibility for the infection control process. We spoke to several staff who all gave various answers in who was lead for this process.
- We found no evidence of any infection control audits ever taking place. There was a policy for infection control however this did not reflect the practice and was not implemented.
- The healthcare assistant, who previously worked on supporting infection control in a other practice, had provided all staff with hand hygiene training
- We found in the nurse's treatment room and the GP room, treatment curtains were a pair of shower curtains. There was no log of cleaning or replacement of curtains.
- There were designated spillage kits available on site and all staff knew where and how to access these.
- The practice tried to maintained appropriate standards of cleanliness and hygiene, we did observe the premises to be clean and tidy. The practice also employed two cleaners.
- The arrangements for managing medicines, including emergency medicines and vaccinations in the practice, kept patients safe (including obtaining, prescribing, recording, handling, storing and security). We identified that there was a good reporting and checking system in place of the medicines kept in the back of reception area.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills.

- Electrical equipment had previously been checked to ensure the equipment was safe to use
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as legionella testing.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- There was a rota system in place for all the different staffing groups to ensure that enough staff on duty. However the practice had a very small team who relied heavily on all clinical and non-clinical staff. Concerns were raised by the inspection team of what would happen in an emergency situation for example sickness.

### Arrangements to deal with emergencies and major incidents

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

- The practice did not have a defibrillator or oxygen available on the premises.
- 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.
- 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 fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers but not all staff had been made aware of the plan.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95 %of the total number of points available, with 8% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed;

- Performance for diabetes related indicators was 81.4% below the CCG average of 84% and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 81.9 % better than local CCG of 83% and below national average of 84%.
- The dementia diagnosis rate indicator was 100% above the local CCG of 94% and national average of 95%.

Clinical audits demonstrated quality improvement.

- There had been seven clinical audits completed in the last two years. Two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits and national benchmarking.
- One of the audits identified working with diabetic patients who were struggling to manage their HbA1

levels. HbA1c levels are one of the best ways to check if diabetes is under control. The practice identified the patients with most elevated HbA1C and invited patients to attend clinic which offered educational support, by explaining the importance of good HbA1c control.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. All staff had had an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. We identified that all the e learning certificates were all issued in one day amounting to 13 hours learning. We discussed with the practice manager this not being the most effective learning process for the staff.

### 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

# Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

## 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, where appropriate, recorded the outcome of the assessment.

## Health promotion and prevention

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

- The practice has recently employed a part time healthcare assistant (HCA) to educate and support patients in lifestyle choices for example diet, smoking and alcohol cessation.
- The practice identified the need for mental health support. Due to the long waiting times the practice contacted the local mental health team and this resulted in a programme to offer counselling sessions in the practice.
- The practice's uptake for the cervical screening programme was 69.6 %, which was below the CCG average of 77% and the national average of 82%. The practice was aware of the low attendance rate for smears. The nurses were being opportunistic with patients by encouraging more education to help raise the figures.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy during examinations, investigations and treatments. However shower curtain were used instead of conventional curtains. These did not meet standard requirements to uphold dignity during an examination.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed.

All of the 33 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the doctor and staff were very helpful, caring and treated them with dignity and respect. One comment card said even though the practice has only one GP, there has never been a problem with booking an appointment.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%
- 83% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.

- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 90%.

### Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

One patient explained how he had been diagnosed, referred and fitted with a hearing aid within one week of presenting with the problem.

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

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.

85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. In addition the lead GP spoke five different languages which was a great benefit when seeing patients. We saw notices in the reception areas informing patients this service was available.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations, however there could be more leaflets in different languages. Staff told us that if families had suffered bereavement, the practice contacted them.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice was part of a Neighbourhood Hub service in conjunction with other practices, to offer extended hours opening times for patients.
- The GP and practice manager were involved in The Macmillan Cancer Improvement Programme (MCIP) which is about working together to find new ways that will give everyone a better cancer care experience and ultimately increase survival rates.
- Same day appointments were available for children and those with serious medical conditions. We witnessed on the day patient requested to see a GP without a medical emergency, who were able to see the GP.
- There was a hearing loop and translation services available.
- The practice was aware of issues with the premises and the need to upgrade to improve patient access and experience.

### Access to the service

The practice was open 8am to 6pm Monday, Tuesday and Friday with Thursday being open 8am to 7.20pm. Every Wednesday afternoon from 1pm the branch is closed.

Extended hours surgeries were offered on Thursday evenings until 7.20pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. For example:

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 91% patients said they could get through easily to the surgery by phone compared to the CCG average of 73% and national average of 73%.
- 90% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 75% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57% and national average of 65%.

### 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.
- The practice manager 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 for example there was posters displayed in the waiting area and the practice had a summary leaflet available to all patients.

The practice had had no complaints over the last year. When we explored more the staff had a clear understanding of verbal and written complaints. Staff also understood the process to escalate the complaint to the practice manager.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas, and staff knew and understood the values. When we spoke to the staff they were not clear about the vision and their responsibilities in relation to values of the practice.

### Governance arrangements

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

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions
- There was a staffing structure in place and staff were aware of their own roles and responsibilities. However clinical staffing levels were a concern due to the nursing staff only working part time in the practice.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity. We found policies in place for services that the practice did not carry out.
- Communication of policies was not clear to staff, for example when we asked staff about the practice's business continuity plan they were not aware of what it was.
- There was no clear lead on infection control or clear understanding of the process.
- There was clear evidence of continuous clinical and internal audit which is used to monitor quality and to make improvements

### Leadership, openness and transparency

The GP had the experience and capability to run the practice and ensure quality care. The GP was visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

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

- Staff told us that the practice held regular team meetings and Multi-Disciplinary Meetings (MDM).
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the GP and practice manager 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.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, for example the practice has employed a healthcare assistant to help in education of patients.
- There was a patient participation group (PPG) which met on a regular basis with a larger virtual community taking part. We saw evidence of minutes of meetings taken place.
- Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

The practice identified the need for mental health support due to the long waiting times. The practice contacted the local mental health team for support. This has led to joint working and the practice holding weekly counselling sessions to support the patients and removing the need to go on a waiting list. This meant patients could access the service immediately.

## 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that the registered provider had not ensured that effective systems were in place to assess the risk of, and prevent, detect and control the spread of infections, including those that are healthcare associated.</p> <p>The provider had not undertaken a risk assessment of its decision to carry a limited range of emergency drugs:</p> <ul style="list-style-type: none"><li>• No oxygen on the premises</li></ul> <p>We found that the registered provider had not ensured that effective systems were in place to assess the risks to the health and safety of service users receiving care for example:</p> <ul style="list-style-type: none"><li>• No risk assessments were carried out on the equipment.</li></ul> <p>We found that the registered provider had not ensured that equipment used for providing care and treatment was safe for use.</p> <p>This was in breach of regulation 12 (2) (b) (d) (e) (f) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p><b>Regulation 15 HSCA (RA) Regulations 2014 Premises and Equipment</b></p> <p>The provider did not have a system in place to monitor the safety of non-clinical equipment and premises :</p> <ul style="list-style-type: none"><li>• There were no risk assessments in place for premises.</li></ul>

This section is primarily information for the provider

## Requirement notices

- Access into the nurse's and GP treatment rooms was not safe.
- Access space to the entrance and exit was limited.
- The patient toilet area was not accessible to wheelchair users.
- Treatment beds were not fit for purpose.
- Treatment curtains were not fit for purpose.

**This was in breach of regulation 15 (1) (b) (c) (d) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

### Regulated activity

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

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### **How the regulation was not being met:**

- Systems or processes were not fully established and operated effectively.
- Risks relating to the health, safety and welfare of service users and others were not appropriately assessed, monitored and mitigated.

**Regulation 17(1) and (2)(b)and(f)**