

# The Dower House

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dower House Surgery on 10 March 2015.

Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for providing safe and well led services. It also required improvement for providing services for older people, people with long term conditions, families, children and young people, working age people, people whose circumstances may make them vulnerable and people experiencing poor mental health. It was rated good for caring, responsive and effective services.

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. Information about safety was recorded and addressed.

- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks, fire and electrical safety and infection control.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff had received training appropriate to their roles but specialist role training needs had neither been identified or planned for.
- 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 practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.

# Summary of findings

- 93% of respondents to a national patient survey said their overall experience of the practice was good
- Dower House Surgery is also a training practice for doctors training to be GPs and medical students.
- The practice also used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it in 2013/14 they had met 99.1% of the outcomes. This was higher than the national average for GP practices.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Carry out risk assessments for health and safety, legionella and fire safety.

- Identify, manage, monitor and audit effective infection prevention and control systems.
- Ensure all mandatory and role specific training is carried out for relevant staff.
- Carry out portable appliance testing of electrical equipment.
- Restrict unauthorised access to blank prescriptions stored in the reception printer.
- Ensure staff recruitment checks are completed in full.

In addition the provider should:

Review practice policies to ensure they are up to date.

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 as there are areas where it should make improvements.

Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Systems and processes in place to assess risks to patients were not consistently implemented which place patients at risk of harm. Areas of concern included management of health and safety, staff recruitment, fire safety, legionella safety and infection control.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services

Care and treatment was delivered in line with best practice guidelines. Significant events were taken seriously and were responded to in a timely manner. GPs and nurses were able to prioritise patients and make use of available resources. The practice provided its patients with a wide range of information about health promotion in its waiting area and on its website. Staff had annual appraisals and told us that their training needs were supported by senior staff. But records were not always kept.

Good



### Are services caring?

The practice is rated as good for providing caring services.

National data showed that patients rated the practice in line with others for almost all the aspects of treatment and care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. This was further evidenced during our observation of staff and patient interactions and discussion with members of staff about the way they provided practice to their patients. We saw evidence of patient surveys were carried out of the virtual patient participation group and the results showed a positive patient attitude towards the practice and the service staff provided.

Good



### Are services responsive to people's needs?

The practice was rated as good for providing responsive services.

Dower House reviewed the needs of their local population to secure improvements to services where these were identified. Patients said they could make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat

Good



# Summary of findings

patients and meet their needs. There was an open culture within the organisation and a comprehensive complaints policy. Complaints we looked at were investigated to a satisfactory conclusion for the patient.

## Are services well-led?

The practice is rated as requires improvement for being well-led, as there are areas where improvements should be made.

The practice had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management.

The practice proactively sought feedback from patients and had an active virtual patient participation group. The practice had a number of policies and procedures to govern activity, but some of these were overdue a review. There was also a limited number of systems in place to monitor and improve quality and identify risk.

**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 provider was rated as requires improvement overall and this includes this population group. The provider was rated as requires improvement for safe and well led but good for effective, caring and responsive.

Staff were able to recognise signs of abuse in older people and knew how to escalate or refer these concerns. There was a pathway of care for frail and elderly patients including those with dementia who all had a named GP. Each patient over 75 also had a named health care assistant.

Phlebotomy (blood tests) were available at the practice so older patients did not have to make an extra journey to St Mary's Hospital. The practice also undertook home visits to carry out blood tests for patients who were on blood thinning medicines (warfarin).

Requires improvement



### People with long term conditions

The provider was rated as requires improvement overall and this includes this population group. The provider was rated as requires improvement for safe and well led but good for effective, caring and responsive.

Specialist clinics were available for patients with conditions such as diabetes and asthma. Emergency processes were in place and referrals were made for patients whose health deteriorated suddenly. All these patients had a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



### Families, children and young people

The provider was rated as requires improvement overall and this includes this population group. The provider was rated as requires improvement for safe and well led but good for effective, caring and responsive.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Appointments were available outside of school hours and the premises were suitable for children and babies. Emergency processes were in place and referrals were made for children and pregnant women whose health deteriorated suddenly. Weekly

Requires improvement



# Summary of findings

family planning, antenatal and baby clinics were available. The practice also held a drop in sexual health clinic for any young person aged between 16-25 years old. This clinic was open to both registered and non-registered patients alike.

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

The provider was rated as requires improvement overall and this includes this population group. The provider was rated as requires improvement for safe and well led but good for effective, caring and responsive.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Access to GP advice was provided through telephone consultations as well as face to face appointments. There was an online booking system which enabled patients to book, change and cancel appointments and request repeat prescriptions without the need to visit or telephone the surgery. NHS health checks were available for those aged between 40 and 74 and extended hours were available from 7.30am on weekdays and also on Saturday mornings between 8am and 10am.

**Requires improvement**



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

The provider was rated as requires improvement overall and this includes this population group. The provider was rated as requires improvement for safe and well led but good for effective, caring and responsive.

The practice held a register of patients living in vulnerable circumstances including those registered with a drug and alcohol service and those with a learning disability. They had carried out annual health checks for people with a learning disability and they offered longer appointments for this group. Patients who were receiving care from drug and alcohol services were provided with weekly prescriptions. Carer's details were coded on the practice software system.

**Requires improvement**



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

The provider was rated as requires improvement overall and this includes this population group. The provider was rated as requires improvement for safe and well led but good for effective, caring and responsive.

The practice achieved good outcomes in relation to meeting the needs of patients with mental health needs.

**Requires improvement**



## Summary of findings

The practice kept a register of these patients which they used to ensure they received relevant checks and tests. Where appropriate, a comprehensive care plan had been completed for patients who were on the register. Care plans were agreed with the patients and their carers. The practice worked with multi-disciplinary teams to help meet the needs of patients experiencing poor mental health. For example, primary care mental health team counselling services and a memory service for patients who had dementia.



# Summary of findings

## What people who use the service say

During our inspection we asked 12 patients to tell us about their experience of using the practice. Questions we asked included practice opening hours, privacy and dignity, trust in the GP, cleanliness and whether they would recommend the practice to someone who moved to the area.

All of these patients were very positive about their experiences of care and treatment at the practice. They all told us that the reception staff were helpful and they had confidence at trust in their GP. Eight of the 12 patients rated their experience of using the practice as very good whilst four chose good as their rating. All the patients said they would recommend the practice.

We also received 19 comment cards which were completed before the day of our inspection. All the comments were positive and told us that the practice staff were efficient, caring and compassionate. Although two comments made reference to difficulty with getting appointments both included positive feedback about staff. Another comment mentioned poor hygiene on the first floor. However we did not see anything of concern when we visited.

There was a virtual patient participation group (PPG) in place and this group were asked for their feedback by completing surveys. Requests for volunteers to join the PPG were advertised through the practice website.

We also looked at the results of the GP patient survey published in January 2015. This is an independent survey run by Ipsos MORI on behalf of NHS England. The survey showed that the practice achieved better than average results for both the clinical commissioning group area and nationally in the following areas:

- 97% of respondents found the receptionists helpful
- 84% of respondents said the nurse was good at giving them enough time
- 88% of respondents said the last GP they saw was good at involving them in decisions about their care
- 93% of respondents said their overall experience of the practice was good

## Areas for improvement

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

- Carry out risk assessments for health and safety, legionella and fire safety.
- Identify, manage and monitor effective infection prevention and control systems.
- Ensure all mandatory and role specific training is carried out for relevant staff.
- Carry out portable appliance testing of equipment.

- Restrict unauthorised access to blank prescriptions stored in reception printer.
- Ensure staff recruitment checks are completed in full.

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

- Review operating policies to ensure they are up to date and fit for purpose.
- Ensure emergency medicines are stored and monitored effectively.

# The Dower House

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The Dower House

Dower House Surgery, also referred to as Pyle Street Surgery, occupies a grade two listed building and is situated in Newport, Isle of Wight.

The practice has an NHS general medical services (GMS) contract to provide health services to approximately 12500 patients.

Surgeries are held daily between the hours of 8.30am and 6.30pm, Monday to Friday.

Early morning GP surgeries are held on Mondays from 7.15am and Saturdays between 8am and 10am. The practice has opted out of providing out-of-hours services to its patients and refers them to Beacon Health out-of-hours service via the 111 service.

The mix of patient's gender (male/female) is almost half and half. The practice has a higher number of patients aged over 65 years old when compared to the England average. The practice has a high number of patients who have a long term condition and in receipt of disability related benefits when compared to the England average and is situated in an area of high deprivation.

The practice has four GP partners and three GPs. In total there are three male and four female GPs.

The practice also has two nurse practitioners, a lead nurse and six practice nurses and three health care assistants. GPs and nursing staff are supported by a team of 17 administration staff. The practice administration team consists of receptionists, secretaries, a quality control assistant, a scanning clerk, an IT lead, an office manager and the practice manager. Dower House Surgery is also a training practice for doctors training to be GPs and medical students.

We carried out our inspection at the practice situated at;  
27 Pyle Street  
Newport  
Isle of Wight  
PO30 1JW

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health

and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. Organisations included the local Healthwatch, NHS England, and the clinical commissioning group.

We asked the practice to send us some information before the inspection took place to enable us to prioritise our areas for inspection. This information included; practice policies, procedures and some audits. We also reviewed the practice website and looked at information posted on the NHS Choices website and NHS National GP Patient Survey.

During our visit we spoke with a range of staff which included GPs, nursing and other clinical staff, receptionists, administrators, secretaries and the practice manager. We also spoke with patients who used the practice. We reviewed comment cards and feedback where patients and members of the public shared their views and experiences of the practice before and during our visit.

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable

People experiencing poor mental health (including people with dementia)

# Are services safe?

## Our findings

### Safe track record

The practice had a system in place for managing alerts received from agencies such as the Medicines and Healthcare Regulatory Agency (MHRA). The practice manager received alerts and routed them to the clinical staff as appropriate. The practice also used a range of information to identify risks and improve patient safety. For example, reported incidents as well as comments and complaints received from patients.

Staff reported incidents to the practice manager who then escalated them as appropriate. All significant events were discussed at GP meetings. Records we viewed confirmed this. This provided senior staff with the opportunity to discuss incidents and to record any learning points. This showed the practice had managed these consistently over time and evidence of a safe track record over the long term.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at meetings and they felt encouraged to do so. There was an open and transparent culture in dealing with complaints and significant events. We were shown records of significant events and complaints that had occurred during the last 12 months. We reviewed two significant events in depth. One was about a missed diagnosis of diabetes and the other highlighted an incorrect death certificate being issued. Processes were put in place to prevent these events occurring again. Although significant events and complaints were fully investigated and resolved they were not reviewed to identify any trends.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans.

Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of

their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours.

All the GPs and locum GP had received level three safeguarding children training. A GP was the nominated safeguarding lead, who had completed training on safeguarding children at the appropriate level and safeguarding adults training. However, training records provided to us before our visit indicated that only four of the ten nursing staff had received safeguarding children training. This was confirmed by the practice manager on the day of our visit.

There was a chaperone policy in place for staff to refer to. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. We were told that only nurses performed chaperone duties but not all had received either disclosure or barring service (DBS) check or documented rationale why a check should not be undertaken.

### Medicines management

The practice held medicines on site for use in an emergency or for administration during consultations, for example vaccinations. We checked medicines stored in the treatment rooms and two medicine refrigerators and found they were stored securely and were only accessible to authorised staff.

There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Temperature monitoring records were maintained for both refrigerators which also included explanation of what caused a high reading. For example, a vaccination delivery. There was also a help sheet available on fridges for staff to refer to should a refrigerator breakdown occur.

We were told that only nurses administered vaccinations using directions that had been produced in line with legal requirements and national guidance. This was confirmed by health care assistants we interviewed.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled

# Are services safe?

drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Practice staff undertook regular audits of controlled drug prescribing to look for unusual products, quantities, dose, formulations and strength.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were locked in consulting rooms when not in use and removing from reception printer overnight. However, blank prescriptions were stored in a printer on the front desk in reception which made them easily accessible.

## Cleanliness and infection control

We observed the premises to be clean and tidy. An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. These included, personal protective equipment (PPE), hand washing and needle stick injury protocols.

PPE included disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

Sharps boxes were provided and were positioned out of the reach of small children. Clinical waste was stored safely and securely before being removed by a registered company for safe disposal. We examined records that detailed when such waste had been removed.

The practice had a lead for infection control. Training records provided to us before our visit indicated that only three of the ten nursing staff had received infection control training in 2009. We were told that other than this training the lead had not undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training.

We asked for the practice's annual infection control statement and any audits that had been carried out in the past 12 months. We were told that neither had been completed. We also asked for evidence to confirm that a legionella risk assessment had taken place. We were told that one had not taken place to date.

## Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this.

Records showed that medical devices (equipment) had been calibrated in September 2014. Calibration ensures all medical devices are tested and work to the manufacturers' guidelines. Pieces of equipment calibrated included, blood pressure monitors, medicine and vaccination fridges and weighing scales. The fire alarm system was serviced in June 2014 and fire extinguishers were serviced in the same year.

Portable electrical equipment was tested in 2010 and displayed stickers to this effect. The practice manager confirmed their understanding of the requirement to test this equipment every three years told us testing was overdue.

## Staffing and recruitment

The practice had a recruitment policy that set out the standards it should follow when recruiting staff. This included a 'reference requesting protocol' to show satisfactory conduct in an applicant's previous employment.

Records we looked at contained evidence that most of the required recruitment checks had been undertaken prior to employment. For example, proof of identification, satisfactory conduct in previous employment, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS).

We were told that applications were received in the form of applicants providing a CV and covering letter. Records supplied showed that gaps in employment histories had not been identified or investigated appropriately.

We looked at the staff files of four staff that started to work at Dower House since April 2013, when the practice was first registered with the Care Quality Commission. We found that some of the recruitment checks required had not been carried out. For example, a nurse started to work at the practice in October 2014 and had not had a DBS check carried out.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always

## Are services safe?

enough staff on duty to keep patients safe. We were shown staff rotas for nurses and administration staff and these appeared to be planned well in advance. Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. For example, reception staff were also employed to carry out administration duties.

### Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. However, a number of risk assessments remained outstanding. These included: annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. There was an accident book and staff knew its location. All incidents and accidents were recorded appropriately.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. We were told that all clinical staff carried out basic life support training every year and non-clinical staff every three years. Information supplied to us before our visit confirmed this arrangement with the exception of a locum GP whose training was recorded as having taken place in 2012.

Emergency equipment was available including access to oxygen and an automated external defibrillator which is used to attempt to restart a person's heart in an emergency.

When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Whilst the medicines were available and fit for purpose, they were not stored in one single place which would make them all immediately available in an emergency.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included power failure, adverse weather, unplanned sickness and access to the building.

Records showed that the most recent fire drill was carried out in May 2014. The practice fire warden showed us a part completed fire risk assessment. We spoke about this and signposted this member of staff to the local fire station for advice and training.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

We saw minutes of practice meetings where new guidelines were disseminated, the implications for the practice's performance and patients were discussed and required actions agreed.

Nursing staff told us how they were responsible for patients' chronic disease management, such as example diabetes and asthma.

The practice worked within the Gold Standard Framework for end of life care, where they held a register of patients requiring palliative care. A pathway was in place to enable appropriate referrals and support packages for patients at the end stages of life.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

### Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and medicines management. The information staff collected was then collated by the practice manager and deputy practice manager to support the practice to carry out clinical audits.

Patients who were diagnosed with long term conditions, such as, asthma and chronic obstructive pulmonary disease, (COPD is a condition which causes breathing difficulties), had care plans in place detailing the care and support they needed.

The practice routinely collected information about peoples care and outcomes and used the Quality and Outcomes

Framework (QOF) to assess its performance. All QOF targets were being met. Clinical audits were limited and it appeared that QOF monitoring replaced formalised audits. We were told the limited number of audits carried out was due to the lack of GP time. However, GPs produced an audit as part of continuous improvement activity for their appraisals.

The practice had a system in place for completing clinical audit cycles. Examples of clinical audits included the monitoring of patients being treated with Allopurinol for kidney stones, Alendronic acid for fragile bones and patients undergoing treatment for menopausal symptoms. Both of these audits were completed where the practice was able to demonstrate the changes resulting since the initial audit.

### Effective staffing

We looked at the results of a national GP patient survey published in January 2015. The results showed a positive patient attitude towards the practice. For example, 91% of respondents had confidence and trust in the GP they saw or spoke to. This was slightly lower than the national satisfaction average (92%) but all the patients who gave us feedback both before and during our visit indicated their complete satisfaction.

All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.

All staff undertook annual appraisals that identified learning needs from which action plans were documented. Our interviews with staff confirmed that whilst appraisals tended to be informal any requests made for training made were honoured by managers. For example, one member of staff requested training in pathology (blood tests) results. This training was sourced and funded by the practice.

Practice nurses were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties. For example, those with extended roles such as diabetes, asthma and immunisations were also

# Are services effective?

## (for example, treatment is effective)

able to demonstrate that they had appropriate training to fulfil these roles. However the two staff that were responsible for infection control and fire safety had not received training specific to these roles.

### Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service by electronic means.

The practice had a protocol for passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well.

The practice held infrequent multi-disciplinary team meetings which, we were told, were generally requested by health visitors. We were told this was due to the lack of time available caused by the high number of GP vacancies on the island.

### Information sharing

Patient information was stored on the practice's electronic record system which was held on practice computers that were all password protected. This information was only accessible to appropriate staff. All staff who worked at the practice were aware of information governance standards and worked in such a way to protect patient information.

Health records and patient administration information was collated and stored in patient's records by staff at the practice. This is a critical role in the NHS due to the vast number of healthcare professionals involved in a patient's care who need access to this vital information at a moment's notice. We were told that completed information was transferred to patient records but was only 87% up to date, which meant that a number of patients may not have current information in their records.

The practice had an area which contained historical paper patient records. This was located away from the public areas of the practice and accessed only by authorised staff. Patient note summarising was carried out by appropriately trained staff.

### Consent to care and treatment

GPs and staff explained the discussions that took place with patients, to help ensure they had an understanding of their treatment options. We reviewed data from the national patient survey published in January 2015. This showed the practice was rated above the local and national patient satisfaction average by patients who were asked how good they felt the GP was at involving them in decisions about their care and treatment. Of the patients asked, 88% said they felt the GP was good or very good.

The practice had a consent policy which included implied consent, expressed consent and how staff should obtain consent. We were told by staff that before patients received any care or treatment they were asked for their consent and the GP or nurse acted in accordance with their wishes.

Staff demonstrated an understanding of the Gillick competence when asked about treating teenage patients. Gillick competence is a term is used in medical law to decide whether a child, 16 years or younger, is able to consent to their own medical treatment, without the need for parental permission or knowledge.

### Health promotion and prevention

We saw a large range of health promotion information available at the practice and on its website. This information included preventative health care services available. For example, cervical smears and vaccinations for influenza (flu) and shingles.

We were shown a new patient registration form which included a request for information about their medical history, exercise habits, alcohol intake, smoking status and cared for or caring responsibility. These patients were also offered a health check with a practice nurse. This check included height, weight and blood pressure level together with a urine sample test.

The practice also offered health checks to patients aged between 40 and 74. During the previous 12 months 263 patients came forward out of the 285 patient's invited.

The practice offered annual health checks to patients registered who had a learning disability and 40% took this up.

We saw information about other national programmes which included bowel and breast screening. For example, the practice cervical smear performance was 80% and 77%,



## Are services effective? (for example, treatment is effective)

of those eligible for breast screening took this up so far this year. The practice also offered a full vaccination program for all children who were registered. This included Measles, Mumps and Rubella (MMR) and Polio.

When comparing the previous year we saw that the practice performed above both the local and national average for cervical screening and for patients who received the flu vaccination who were either over the age of 65 years of age or in an at risk group.

We were told about the process the practice followed to remind patients who did not come forward for screening. This process included three written reminders being sent to the patients registered address.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We looked at the results of the most recent GP patient survey, published in January 2015.

Results showed the practice was rated above the national patient satisfaction. Patients were asked how they felt GPs and nurses treated them with care and concern, giving them enough time and listened. Of the patients asked, 81% said GPs treated them with care and concern and 84% said the nurses were good at giving them enough time.

The layout of the waiting area meant that the reception desk was in the same location but staff were aware of the need for people's privacy to be respected and were heard speaking in a quiet manner. There were also separate rooms available for patients to request should they wish to speak to reception staff in private.

We gathered the views of 12 patients during our inspection who all said they felt they were treated with dignity and respect. Consulting and treatment rooms were situated away from the main waiting area and we saw that doors were closed at all times patients were with GPs and nursing staff. Conversations between patients and GPs and nurses could not be heard from outside the rooms which protected patient's privacy.

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

The same GP patient survey reported that 88% of respondents said the last GP they saw or spoke to at the practice was good at involving them in making decisions about their care. Patient feedback on the CQC comment cards we received was also positive and aligned with these views.

There was a large range of leaflets and sign-posting documents displayed for patient information to help ensure they were made aware of the options, services and other support available to them. For example, Alzheimer's and memory loss, shingles and bowel cancer.

The practice maintained care plans for patients who required regular or specialist treatment. The practice had a system in place for identifying people who would benefit from a care plan. Patients were involved in their care plans. GPs told us that patients with diabetes knew when to raise/reduce their insulin; patients with asthma had stand by doses of prednisolone (a medicine used to reduce inflammation) and knew when to use this.

A system to support patients over 75 was established with a direct telephone line to a health care assistant who worked with patients to identify ways of reducing their hospital admissions by monitoring the out of hours service and accident and emergency attendance.

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

Information in the patient waiting room and patient website told people how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. We were told that families who had suffered bereavement were called by the GP to offered support and condolences. We were told there were good liaisons between the practice and Newport Hospice, care homes, and charities which dealt with bereavement, addiction and abuse.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice was responsive to people's needs and had sustainable systems in place to maintain the level of service provided. Staff and GPs told us they took into account patients views and preferences as a natural part of consultations and would note this on their system.

Patients were offered choose and book. Choose and book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment at a hospital. Patients could book their own appointment through this system. We were shown the process staff followed when they received patient test results. This could include making a follow up appointment for the patient or arranging further tests. Other staff confirmed this process when asked.

We saw that the practice had been proactive in seeking and responding to patients. The practice had an effective and active virtual patient participation group (PPG). A section of the practice website provided information about patient satisfaction and how it responded to patient needs and suggestions. PPG members that we spoke to told us that the practice was very good at responding to any issues raised. For example, a nurse practitioner was appointed to relieve the pressure place on the service when a GP left as a result of patient feedback.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups of patients in the planning of its services. The practice was based in a former domestic residence and was a grade two listed building. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice which included baby changing facilities.

Consultation and treatment rooms were located on the ground floor of the building. Staff told us they would always assist anyone who was experiencing difficulty accessing the service. For example, patients who had a learning disability were offered extended appointments and homeless patients were given appointments on the same day.

The practice had facilities in place to ensure that patients whose first language was not English were supported to

access the service. Staff told us about the language line they could use and were familiar with the availability of the telephone service. The practice website also offered online translation services via Google translate software.

### Access to the service

We looked at the results of the most recent GP patient survey, published in January 2015. It reported that 85% of respondents said they were satisfied with the practice opening hours. This was higher than both the local and national patient satisfaction.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments. Patients could make appointments on line, by telephone and in person to ensure they were able to access the practice at times and in ways that were convenient to them.

All appointments were booked with the patient's registered GP unless they requested a different GP. For patients who had urgent issues the practice offered same day appointments.

The practice operated extended opening hours on a Monday morning between 7.30 and 8.30am and every other Saturday between 8.00 and 9.30am, providing early morning and Saturday appointments were particularly useful to patients with work and caring commitments.

There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed. This was provided by an out-of-hours service. If patients called the practice when it was closed, the answerphone message gave the telephone number they should ring depending on their medical symptoms. Information about the Out-of-Hours service was also provided to new patients via the patient information booklet and the practice website.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there were designated responsible staff who handled complaints in the practice. Complaints were regarded as either clinical or non-clinical. Clinical complaints were dealt with by a GP and non-clinical complaints were dealt with by the practice manager.

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

Information about how to complain was available in the practice booklet, the waiting area and on the practice website to help patients understand the complaints system. None of the patients we spoke with had ever needed to make a complaint about the practice.

We were told that most of the complaints received were verbal and dealt with immediately by the practice manager by telephone or face to face. These complaints were treated informally and records were not kept.

We saw a summary of complaints received in the past 12 months. We looked at five in detail. All of these showed that they had been investigated and resolved to a satisfactory outcome. We were told that the practice did not carry out an analysis of complaints but it had recognised that a number of complaints were directed at the telephone system. We were told that was an issue the practice was working to resolve when its current telephone system contract ended.

# 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

Staff knew and understood the vision and values and was able to tell us about the values and philosophy of the practice and these encompassed key concepts such as the commitment to provide high quality NHS medical care for individuals and families in a friendly and caring environment.

The Dower House practice had outgrown its current building and was in discussion with the local clinical commissioning group, local medical committee and NHS England regarding the future delivery of GP services to Newport.

### Governance arrangements

We saw a clear leadership structure in place with named members of staff in lead roles. For example, there was a lead nurse for infection control and a partner GP was the lead for safeguarding. We spoke with eight members of staff and they were all clear about their own roles and responsibilities.

The practice went from seven GP partners to four partners in the past 18 months and made use of its nurse practitioners to meet patient demand. GPs were seen to work hard to maintain good standards. The practice used a range of data available and was proactive in using this data to improve outcomes for patients and work with the local clinical commissioning group. The practice also used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it in 2013/14 they had met 99.1% of the outcomes. This was higher than the national average for GP practices. However, there were no arrangements for identifying, recording and managing risks. For example, fire safety, infection control and legionella.

We were told there was no system in place to review significant events and complaints but each occurrence was seen to be investigated and resolved on an individual basis. The lack of clinical staff was the reason given for this. We were told there was also not a system in place to review policies to ensure they were current and fit for purpose. This was apparent when we looked at the practice consent

protocol which stated that it should be reviewed annually. The policy was written/reviewed in January 2012. The practice manager told us they had started to bring policies up to date but many were outstanding.

### Leadership, openness and transparency

The practice manager was responsible for human resource policies and procedures. We reviewed the staff intranet which contained policies and procedures relating to employment at the practice. For example this included sections on annual leave entitlement and sickness absence. Staff we spoke with knew where to find policies.

The practice manager told us they were always available for staff to approach them. This arrangement was confirmed by staff who told us that there was an open culture within the practice and they had the opportunity, and was happy to raise issues at team meetings. Although meetings were infrequent minutes were kept and seen.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice had an active virtual patient participation group (PPG) of 46 patients. The PPG was set up to help the practice improve its services to patients. We met with four members of the PPG who each told us that they felt valued by the practice because staff engaged with the PPG and acted on their feedback. Areas of concern included the lack of a replacement GPs and getting through to the practice by telephone. The practice acknowledged these concerns and a new telephone system was being researched at the time of our visit. The lead GP explained the difficulties when trying to attract new GPs to the practice from the mainland. To help address this the practice appointed a nurse practitioner who could treat most minor ailments and see up to 40 patients a day.

Staff told us that meetings were not generally held with administration staff although they felt comfortable to escalate their concerns with the practice manager or senior partner at any time. Communication was an area which had been highlighted as an area that required attention as most messages to administration staff were sent by email from the manager. However, staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients. The practice had a whistleblowing policy which was available to all staff electronically on any computer within the practice.

# Are services well-led?

Requires improvement 

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

## Management lead through learning and improvement

There were arrangements in place to manage staff performance. Staff told us that they could contribute their views to the running of the practice and that they felt they worked well together as part of the practice team to ensure they continued to deliver good quality care.

Staff told us that the practice supported them to maintain their clinical professional development through training

and mentoring. However, a record of training carried out was not collated effectively by the practice manager who confirmed that they needed to ensure that mandatory training was undertaken and documented. For example, fire training and safeguarding. Staff told us that appraisals took place but again these were not documented effectively.

## 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 person did not protect people against the risks associated with infection.</p> <p>We found that the service did not carry out infection control audits and did not have an annual infection control statement. A legionella risk assessment had also not been undertaken.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person must –</p> <p>Ensure the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of a health care associated infection.</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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>We found that the registered person had not carried out appropriate checks prior to staff commencing employment at the practice.</p> <p>Gaps in employment histories had not been identified or investigated appropriately for new staff. Not all staff had received a DBS check when required.</p> <p>This was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

## Requirement notices

The registered person must –

Operate effective recruitment procedures in order to ensure that no person is employed for the purposes of carrying on a regulated activity unless that person is of good character.

### Regulated activity

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

### Regulation

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

We found that the registered person did not protect people against the risks associated with the management of medicines by means of making appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purpose of the regulated activity.

Blank prescription forms were stored in a printer situated on the reception desk which was not secure.

This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (f)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person must –

Make appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.

### 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

We found that the registered person had not assessed, monitored and mitigated the risks relating to the health safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.



## Requirement notices

Risk assessments had not been carried out for fire and health and safety.

This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person must –

Identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying out of the regulated activity.

### Regulated activity

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

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

We found that the registered person did not have suitable arrangements in place to ensure the persons employed for the purposes of carrying on the regulated activity were appropriately supported by means of receiving appropriate training.

The infection control lead for the practice had not received any training to support this role.

This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person must –

(1) Have suitable arrangements in place to ensure that persons employed for the purposes of carrying out the regulated activity are appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard by –

(a) receiving appropriate training, professional development and appraisal.