

# Waterside Medical Centre

## Quality Report

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Date of inspection visit: 17 March 2016  
Date of publication: 15/06/2016

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

## Ratings

|  |                      |      |   |
|--|----------------------|------|---|
| Overall rating for this service            |                      | Good |  |
| 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?                     | Good                 |      |  |

# 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 Waterside Medical Centre on 17 March 2016. Overall, the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and managed, with the exception of those relating to fire safety.
- The practice had emergency medicines and access to medical oxygen, however they did not have a defibrillator and had not assessed the risks of this. We also found some medical supplies were out of date.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure the risks of not having a defibrillator on the premises are assessed.

# Summary of findings

- Ensure fire risk assessment is carried out.
- Ensure effective systems are in place for medicines management.

The areas where the provider should make improvement are:

- Review exception reporting data to improve the management of patients with long-term conditions.

- Review the arrangements for patients who are hard of hearing.
- Continue to identify and support patients who are carers.

**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.

**Requires improvement**



- Although most 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. For example, fire risk assessments were not carried out.
- The practice had emergency medicines and access to medical oxygen; however they did not have a risk assessment for not having a defibrillator on the premises.
- Effective systems were not in place for medicines management. We found seven medical devices were out of date.
- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average. However, the practice had higher than average exception reporting for some of the long-term conditions.
- 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.
- The practice held health promotion events to educate patients about the management of long term conditions.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice similar to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice was piloting the 'Shifting Settings of Care' scheme, to support patients and treat them in primary care.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice is the registered surgery for the CCG to register patients who have been removed from their practice under the Immediate Removal Scheme (IRS).
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for being well-led.

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. Network Healthcare Solutions encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All people over the age of 75 years had a named GP to provide continuity of care.
- All people over the age of 90 years were included on the vulnerable persons register and were reviewed regularly.

### People with long term conditions

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

Good



- The practice was an outlier for the QOF indicator in Chronic Obstructive Pulmonary Disease (COPD). There was 0.25 ratio of reported versus expected prevalence for COPD (national average 0.63).
- The practice held health promotion campaigns to engage and educate patients on long term conditions. For example, the practice had carried out events on diabetes and asthma in the past 12 months.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For example, 70% of patient with diabetes on the register had a blood pressure reading of 140/80 mmHg or less in their latest test in the preceding 12 months (national average 78%).
- Longer appointments and home visits were available when needed.
- People with long term conditions had a structured annual review to check their health and medicines needs were being met. For those people with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

# Summary of findings

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 69%, which was comparable to the CCG average of 67% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

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

Good



- 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.
- Appointments were available on Monday and Thursday evening, and Saturday morning, which ensured working people could book an appointment to see a doctor out of working hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including people who were housebound and people with a learning disability.
- The practice offered longer appointments for patients with a learning disability.



# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- All five patients with dementia had had their care reviewed in a face-to-face meeting in the last 12 months, which is better than the national average.
- Performance for mental health related indicators was similar to the national average. For example, 92% of patients with schizophrenia, bipolar affected disorder and other psychoses had had a comprehensive, agreed care plan documented in their records in the preceding 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice was part of the Ealing CCG Pilot Scheme, 'Shifting Settings of Care'. This provided more support for patients with mental health conditions to be treated in the practice with additional support from the mental health worker.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Four hundred and nine survey forms were distributed and 98 were returned. This represented 2% of the practice's patient list.

- 76% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 67% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

However, the results also indicated the practice could perform better in certain aspects of care from nurses. For example:

- 73% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.

- 71% of patients said the last time they spoke to or saw a nurse, the nurse was good at involving them in decisions about their care compared to the national average 85%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 51 comment cards, 44 comments cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service. Seven comment cards raised the difficulty in making appointments, getting through to the practice telephones and long waiting times. Two comment cards mentioned that particular members of reception staff were not caring and were difficult to approach.

We spoke with one member of the patient participation group (PPG) and three patients on the day of inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. All patients said they found it difficult to contact the surgery by telephone and waiting times could be long.

# Waterside Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Waterside Medical Centre

Waterside Medical Centre is part of Network Healthcare Solutions, a provider of primary and community health services across eight locations. The medical centre is in a purpose built building and provides GP services to 4,500 registered patients, as well as delivering care to patients who have been de-registered from other practices in the CCG (part of the Violent Patient Scheme). Services are provided under an Alternative Provider Medical Services (APMS) contract with NHS England and are part of the Ealing Clinical Commissioning Group (CCG). The practice is registered with the Care Quality Commission to provide the regulated activities of family planning, maternity and midwifery services, surgical procedures, diagnostic and screening procedures and treatment of disease, disorder or injury.

The practice employs two full time salaried GPs, one male and one female. The GPs undertake a combined total of 15 sessions per week. There are two practice nurses and one healthcare assistant. The practice team includes a practice manager and five administrative staff. Network Health Solutions have an executive management team that provides both operational and clinical support to the practice.

The practice is open between 8am to 6.30pm Monday to Friday. The practice operates extended hours between 6.30pm and 8pm on Monday and Thursday and between 8am to 10am on Saturdays. Appointments are from 8am to 11.30am every morning and 3pm to 6pm daily. When the practice is closed, the telephone lines are diverted to NHS 111 service, which is explained on the practice website and practice leaflet.

The practice patient population of people aged 65 years and over was 6%, this was low compared to the national average. The majority of the practice population was aged between 18 years and 45 years, making up approximately 45% of the practice group. Life expectancy is lower for both male and female people, being 78 years for males and 82 years for females, compared to national averages of 79 years for males and 83 years for females.

Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

## Why we carried out this inspection

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

Waterside Medical Centre was not inspected under the previous inspection regime.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 March 2016. During our visit we:

- Spoke with a range of staff (clinical and non-clinical) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw that a smear sample had been incorrectly labelled with the wrong patient details and therefore the patient was invited back for another sample. We saw evidence of the event being discussed in the practice governance meetings and learning and improvements were discussed with all staff. A log book for all smears was implemented to track samples and check correct patient details before they were sent off.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended

safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurses were trained to level 2.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The recording systems for monitoring and checking the expiry dates of medicines and medical devices was not standardised throughout the practice. The practice had a cold chain policy, which outlined what to do in the event of the fridge failing, however this had not been signed by the practice manager or staff as outlined in the policy. Processes were in place for handling repeat prescriptions, which included the review of high risk medicines. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to

# Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

## Monitoring risks to patients

Some risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with details of local health and safety representatives. The practice did not have up to date fire risk assessments, however we saw evidence of a fire drill carried out in August 2015 and weekly fire alarm checks carried out by an external company. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. On the day of inspection, the practice did not have records of Legionella checks (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, we were provided with evidence to show a Legionella risk assessment had been carried out in December 2012 and following this the practice were carrying out monthly checks on the premises as recommended in the risk assessment. They did not carry out an environmental or control of substances hazardous to health (COSHH) risk assessments.

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

## Arrangements to deal with emergencies and major incidents

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

- Effective systems were not in place for medicines management. We found seven medical devices were out of date.
- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice did not have a defibrillator available on the premises and had not carried out a risk assessment. They did have oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93.6% of the total number of points available. The practice had high exception reporting for dementia of 17% and 24% for depression. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, 70% of patient with diabetes on the register had a blood pressure reading of 140/80 mmHg or less in their latest test in the preceding 12 months (national average 78%).
- Performance for mental health related indicators was similar to the national average. For example, 92% of patients with schizophrenia, bipolar affected disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months (national average 88%).

The practice was an outlier for the QOF indicator in Chronic Obstructive Pulmonary Disease (COPD):

- There was 0.25 ratio of reported versus expected prevalence for COPD (national average 0.63).

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, a recent audit was carried out on prescribing of simvastatin medication with amlodipine tablets, which are medicines used to manage high cholesterol and blood pressure. The initial audit found that 68 patients were being prescribed simvastatin 40mg or 80mg with amlodipine. The practice implemented the Medicines & Healthcare products Regulatory Agency's (MHRA) guidance and changed their prescribing so that patients taking amlodipine were not taking more than 20mg of simvastatin. The audit was repeated and the results showed that only six patients were being prescribed simvastatin 40mg and amlodipine, therefore also reducing the risk of muscle weakness in patients taking this combination of medicines.

Information about patients' outcomes was used to make improvements such as: the practice had recently audited a medicine used for the treatment of poorly controlled angina, because of a safety alert issued by MHRA. The practice reviewed their patients on the medicine and changed processes and systems to ensure all patients on this medicine had their pulse taken and recorded onto their record at least every six months.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific



# Are services effective?

## (for example, treatment is effective)

training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits. We saw evidence of consent being recorded adequately on patient records.

### Supporting patients to live healthier lives

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

- The practice held health promotion campaigns on long-term conditions to educate patients on their conditions. In the past 12 months, they had an event on diabetes and asthma. During the event, patients were given a full review of their condition and had the opportunity to discuss and ask questions to the clinicians and guest speakers.
- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 69%, which was comparable to the CCG average of 67% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.



## Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 44% to 97% and five year olds from 78% to 95%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 51 patient Care Quality Commission comment cards. Forty-four comments cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service. Seven comment cards raised the difficulty in making appointments, getting through to the practice telephones and long waiting times.

We spoke with one member of the patient participation group (PPG) and three patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. However, two comment cards mentioned that particular members of reception staff were not caring and were difficult to approach.

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.

- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and the national average of 87%.

However, results from the national GP patient survey showed the practice was below CCG and national averages for its satisfaction scores on consultations with nurses. For example:

- 73% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 71% of patients said the last time they spoke or saw a nurse, the nurse was good at involving them in decisions about their care (national average 85%).
- 76% of patients said the last nurse they saw or spoke to was good at listening to them (CCG average 84% and national average 91%).
- 77% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average 83% and national average 90%).

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

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

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.

## Are services caring?

- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 71% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- Information available on the events carried out in practice.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

Although there was a named member of staff who was the carer's champion and could provide support and advice to patients or carers and their name was displayed in the waiting room. The practice had only identified 19 patients as carers (0.4% of the practice list). The practice's computer system alerted GPs if a patient was also a carer. Carers were offered the flu vaccination and health checks. Information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was piloting the 'Shifting Settings of Care' scheme for the CCG. The aim of the pilot is to prevent patients returning to secondary care.

- There were longer appointments available for all patients and patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- People over the age of 75 years were given a named doctor to provide continuity of care.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available. However, there was no hearing loop to assist patients who were hard of hearing.
- The practice was the registered surgery for the CCG to register patients who had been removed from their own practice under the Immediate Removal Scheme (IRS).

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 11.30am every morning and 3pm to 6pm daily. Extended hours appointments were offered between 6.30pm and 7.50pm on Monday and Thursday weekdays and every Saturday between 8am and 10am. In addition to pre-bookable appointments that could be booked up to seven days in advance, urgent appointments were also available for people that needed them.

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

- 90% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 76% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

However, seven comment cards said patients found it difficult to contact the practice by phone. People told us on the day of the inspection that they were able to get appointments when they needed them.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, posters were displayed and there was a patient leaflet available that summarised the complaint system in the waiting room.

We looked at two complaints received in the last 12 months and found these were dealt with in a timely way, and with openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and from analysis of trends. Action was taken as a result to improve the quality of care. For example, we saw there had been a complaint about unacceptable staff behaviour due to a lack of knowledge about a service. We saw staff were given training to fill the gaps in their knowledge to prevent this happening in the future. We also saw that the practice kept all written documentation of correspondence related to the complaint.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing the majority of risks, issues and implementing mitigating actions.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. Network Healthcare Solutions encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held team meetings once a month and clinical meetings weekly. Meeting minutes were available on the practice shared drive and staff had access to these.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the management team in the practice. All staff were involved in discussions about how to run and develop the practice, and encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the PPG told us that they had given feedback about the uncomfortable chairs in the waiting room and the overcrowded walls with posters and information. The practice acted on the feedback and the chairs were replaced. On the day of inspection, we saw notice boards in the waiting room were not overcrowded and had up to date information for patients.

# Are services well-led?

Good 

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

- The practice carried out annual patient surveys and we saw an action plan had been produced for 2016 with the support of the PPG. For example, additional phone lines with a queuing system available to eliminate the engaged tone.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

| Regulated activity   | Regulation  |
|--|---|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>The provider had failed to assess the risks associated with fire, COSHH and not having a defibrillator on the premises.</p> <p>Recording systems for monitoring and checking the expiry dates of medicines and medical devices was not standardised throughout the practice.</p> <p>This was in breach of regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |