

Wordsworth Health Centre

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?	Requires improvement	
Are services responsive to people's needs?	Requires improvement	
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 Wordsworth Health Centre on 3 June 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of those relating to the safe storage of vaccines.
- Data showed patient outcomes were above average for the locality. Four clinical audits had been started in the last 12 months; two of which were completed two cycle clinical audits.

- 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 readily available although the complaints policy did not specify a standard timeframe for investigating complaints.
- Urgent appointments were usually available on the day they were requested but we noted negative feedback regarding patients' overall experience of making an appointment.

The areas where the provider must make improvements are:

- Introduce a protocol to ensure that vaccines are safely managed and stored; and ensure that staff are aware of their responsibilities in relation to it.

In addition the provider should:

- Review its complaints policy to ensure there is clarity on the timeframe for responding to patient's complaints.

Summary of findings

- Review its appointments system to ensure it is responsive to patient need.

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.

We conducted an inspection of this practice in September 2014. We identified breaches of regulation regarding fire safety, emergency medicines, aspects of vaccines storage, pre-employment checks and infection prevention and control. At this inspection we noted that the provider had taken action to address our concerns.

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. Lessons were learned and communicated widely to support improvement.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, concerns were identified regarding systems in place for the safe storage of vaccines.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams. Four clinical audits had been started in the past two years; two of which were completed two cycle audits and showed evidence of improved patient outcomes.

Good



Are services caring?

The practice is rated as requires improvement for providing caring services. 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

National GP patient survey data highlighted that patients responded positively to questions about how tests and treatments were explained and to questions about their involvement in care and treatment decisions. However, these results were still below or significantly below local and national averages.

Requires improvement



Summary of findings

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. It 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 had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders although clarity was needed on the timeframe by which patients could expect a response to complaints.

The practice had sought to improve access to appointments but patient feedback highlighted that it was difficult to get through to the practice by phone.

Requires improvement



Are services well-led?

The practice is rated as good for being well-led. It 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 had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

The provider was rated as requires improvement for providing safe, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management. Longer appointments and home visits were available when needed. All these patients had a named GP and 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.

The provider was rated as requires improvement for providing safe, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. 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. Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Summary of findings

The provider was rated as requires improvement for providing safe, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The 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. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

The provider was rated as requires improvement for providing safe, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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.

The provider was rated as requires improvement for providing safe, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

The provider was rated as requires improvement for providing safe, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



Summary of findings

What people who use the service say

The latest available national GP patient survey results (January 2015) showed the practice was performing below most local and national averages. There were 166 responses and a response rate of 28%.

- 38% patients said they could get through easily to the surgery by phone compared to the CCG average of 58% and national average of 71%.
- 35% patients described their experience of making an appointment as good compared to the CCG average of 66% and national average of 74%.
- 61% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 51% and national average of 65%.

- 74% of patients said they found the receptionists at the practice helpful compared to the CCG average of 92% and national average of 87%.
- 67% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 74%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seventeen comment cards which were all positive about the standard of care received; with key themes being that staff were respectful, that they listened and were compassionate.

Areas for improvement

Action the service **MUST** take to improve

- Introduce a protocol to ensure that vaccines are safely managed and stored; and ensure that staff are aware of their responsibilities in relation to it.

Action the service **SHOULD** take to improve

- Review its complaints policy to ensure there is clarity on the timeframe for responding to patient's complaints.
- Review its appointments system to ensure it is responsive to patient need.

Wordsworth Health 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 Wordsworth Health Centre

Wordsworth Health Centre (also known as Graham Practice) is located in Newham, East London. The practice holds a Personal Medical Services (PMS) contract with NHS England. This is a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract.

The practice has a patient list of approximately 10,700. Approximately 8% of patients are aged 65 or older and approximately 15% are under 18 years old. Forty two percent have a long standing health condition and 21% have carer responsibilities.

The practice is open between 7.30am and 6.30pm Monday to Friday (except Thursday when it is open until 3.30pm). Appointment times are as follows:

Monday, Tuesday, Wednesday and Friday 8am to 6.30pm and Thursday 8am to 3.30pm. Extended hours surgeries are offered on Saturday mornings from 8am – 12pm with appointments available from 8.30am to 10.30am. In addition to pre-bookable appointments, urgent next day or same day appointments are also available for people that need them. Outside of these times, cover is provided by an out of hours provider.

The services provided include child health care, ante and post natal care, immunisations, sexual health and contraception advice and management of long term conditions clinics. The staff team comprises two partner GPs (both male), four salaried GPs (three female, one male), two female practice nurses, two female health care assistants, a practice manager and a range of administrative staff.

The practice is registered with the Care Quality Commission to carry on the regulated activities of Treatment of disease, disorder or injury, Diagnostic and screening procedures, maternity and midwifery procedures and surgical procedures.

We conducted an inspection of this practice in September 2014. We identified breaches of regulation regarding fire safety, emergency medicines, aspects of vaccines storage, pre-employment checks and infection prevention and control. At this inspection we noted that the provider had taken action to address our concerns.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 and 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.

Detailed findings

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 June 2015. During our visit we spoke with a range of staff including partner GPs, salaried GPs, practice manager, receptionists and practice nurses; and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, in August 2014 the practice's significant events log recorded that the practice was storing out of date emergency drugs. The analysis of this event highlighted that it had occurred because the practice nurse who normally checked the drugs was on annual leave. As a result of the incident, the stock checking rota was stored centrally and was accessible by the practice manager.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe. These included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The 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 relevant to their role.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. Nurses undertook chaperoning duties. They had received disclosure and barring service checks

(DBS). These 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.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. 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.
- We identified concerns with the arrangements for managing vaccines. The practice was only recording actual fridge temperatures and not the minimum and maximum fridge temperatures. Recording minimum and maximum fridge temperatures is important because most vaccines must be stored between 2-8°C at all times in order to ensure their effectiveness. Daily actual temperature recordings only show the temperature at that specific time. In addition to this concern, records showed that on 2 June 2015, the fridge recorded a temperature of 11.5 °C.

Staff explained that a stock delivery had resulted in the increased fridge temperature. However, this was not recorded in the fridge temperature log and staff were unaware of the implications of the increased temperature. There was also confusion regarding which staff member had responsibility for taking the necessary corrective action.

We told the practice of our concerns on the day of the inspection and notified Public Health England shortly thereafter. We were later advised of the steps taken by the

Are services safe?

practice to ensure that vaccines were being safely stored. This included updating its protocol for safe storage and management of vaccines and using minimum/maximum temperature recording log books.

- Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the three files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. The practice had a system in place for regular checks of emergency medicines and oxygen.

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 carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet 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 participated in the Quality and Outcomes Framework (QOF is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 99.7% of the total number of points available, with 6% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed;

- Performance for diabetes related indicators was 99.9% which was above the CCG and national average.
- Performance for mental health related and hypertension indicators (respectively 97.1% and 100%) were above the CCG and national averages.
- Performance for dementia related indicators was 100% which was also above the CCG and national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes.

There had been four clinical audits undertaken in the last two years and two were completed two cycle audits. One of the completed audits took place in 2014 and looked at the care of patients with raised ESR (Erythrocyte Sedimentation Rate). Along with other tests, an ESR can be useful in confirming infection. The first cycle of the audit highlighted that the care of 14% of patients with raised ESR was not in

accordance with the practice's ESR policy. Following discussion at clinical meetings and circulation of the practice policy, the second cycle re-audit showed that this percentage had reduced to 7%.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

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

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out 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, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A

dietician was available on the premises and smoking cessation advice was available from a local support group. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 83%, which was better than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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 83.5% to 89.2% and five year olds from 79% to 92%. Flu vaccination rates for the over 65s were 75.2%. These were comparable to CCG and national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the seventeen patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with a member of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy were respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey were generally below average for patient satisfaction on consultations with doctors and nurses. For example:

- 78% said the GP was good at listening to them compared to the compared to the CCG average of 83% and national average of 88%.
- 68% said the GP gave them enough time compared to the CCG average of 79% and national average of 86%.
- 82% said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and national average of 93%
- 65% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 77% and national average of 82%.
- 74% of patients said they found the receptionists at the practice helpful compared to the CCG average of 92% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 68% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 82%.
- 67% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 74%

Staff told us that interpreting services were available for patients who did not have English as a first language (including British Sign Language). We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 21% of the practice list had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered an early morning and Saturday morning appointments for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and interpreting services available.
- The practice was equipped with a lift to improve access.
- Baby changing facilities were available and there was sufficient space in the reception and other communal areas to manoeuvre push chairs.

Access to the service

The practice is open between 7.30am and 6.30pm Monday to Friday (except Thursday when it is open until 3.30pm). Appointment times are as follows:

Monday, Tuesday, Wednesday and Friday 8am to 6.30pm and Thursday 8am to 3.30pm. Extended hours surgeries are offered on Saturday mornings from 8am – 12pm with appointments available from 8.30am to 10.30am. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent next day or same day appointments are also available for people that needed them. Outside of these times, cover is provided by an out of hours provider.

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

- 86% of patients were satisfied with the convenience of appointments compared to the CCG average of 85% and national average of 75%.

- 38% patients said they could get through easily to the surgery by phone compared to the CCG average of 58% and national average of 71%.
- 35% patients described their experience of making an appointment as good compared to the CCG average of 66% and national average of 74%.
- 61% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 51% and national average of 65%.

Most patients we spoke with told us of difficulties in getting through to the practice by phone and in making appointments. The practice had introduced a telephone triage system in June 2014 to improve appointments access but patients we spoke with were not positive about the system and some added it did not cater to local languages.

Listening and learning from concerns and complaints

The practice had a 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 including posters in reception and on the practice website. However, it was not included in the patient information leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint although none had felt the need to complain.

We looked at a number of complaints received in the last 12 months and found that these were satisfactorily handled with openness and transparency. Most were dealt with within three days but the complaints policy was unclear regarding the time frame by which a patient could expect to have their complaint investigated.

Lessons were learnt from concerns and complaints and action was taken to as a result; seeking to improve the quality of care. For example, an analysis of complaints had taken place within the last twelve months. This highlighted that most complaints related to phone access. As a result, the practice had introduced additional phone lines. It had also introduced an on line repeat prescription and appointment booking services to reduce demand on the phone system.

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 which was displayed in the waiting areas 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 (with the exception of staff members' roles and responsibilities in relation to the safe management and storage of vaccines).
- Practice specific policies were implemented and were available to all staff.
- There was an understanding of the performance of the practice.
- There were generally robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions (with the exception of a protocol to ensure that vaccines were safely managed and stored).

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised high quality and compassionate care. Staff told us that they were approachable and always take the time to listen.

Staff also told us that regular team meetings were held and that there was an open culture within the practice where issues could be raised. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice; and the partners 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis. Records showed that it submitted proposals for improvements to the practice management team and that these were acted upon. However, we also noted that the PPG had not been consulted prior to the introduction of a telephone triage system in 2014.

The practice had also gathered feedback from staff through staff meetings, appraisals and informal discussion. 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Maternity and midwifery services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Surgical procedures	We found that the provider was not providing care and treatment in a safe way for service users. This was in breach of regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Treatment of disease, disorder or injury	How the regulation was not being met: Suitable arrangements were not in place for the proper management of vaccines; specifically regarding storage and staff members' individual responsibilities. Regulation 12(2)(g)