

# Woodsetton Medical 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

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 Woodsetton Medical Centre on 8 December 2015.

Overall the practice is rated as good.

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements.
- Formal risk assessments had not been completed to assess risks across a number of areas including health, safety and fire. While we observed the premises to be visibly clean and tidy, we found some gaps in the management of infection control.
- Whilst the practice was trying to recruit for a vacant practice nurse role we noticed some gaps in the provision of the service.
- The practice did not have a documented business continuity plan in place for major incidents such as power failure or building damage. The practice did not keep up to date records to evidence that there were systems in place to monitor the use of the emergency equipment and emergency medicines
- Clinical audits were carried out to demonstrate quality improvement and to improve patient care and treatment.
- Throughout the inspection process we noticed a theme regarding delays in accessing appointments over the phone.

# Summary of findings

- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.
- There were disabled facilities and translation services available.

The areas where the provider must make improvement are:

- Assess and manage risks associated with health and safety of the premises, fire risk and risk associated with infection control including control of substances hazardous to health and legionella.
- Ensure emergency medicines and equipment is regularly checked and ensure records are kept to monitor this.

The areas where the provider should make improvement are:

- Consider the scope of the practice nurse role and continue with recruitment processes to ensure the practice meets the needs and circumstances of people using the service.
- Develop a plan of business continuity to support the practice in event of a major incident.

**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?

- There was a system in place for reporting and recording significant events. Staff we spoke with confirmed that significant events and learning was regularly shared with them. Lessons were shared to make sure action was taken to improve safety in the practice.
- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements.
- While we observed the premises to be visibly clean and tidy, we found some gaps in the management of infection control. We found that the practice did not have the required purple lidded sharps bins to correctly dispose of cytotoxic or hormonal injections. We saw that actions were identified in relation to the legionella risk assessment and that the actions had not been addressed or completed.
- Formal risk assessments had not been completed to assess risks across a number of areas including health, safety and fire. The practice did not have a documented business continuity plan in place for major incidents such as power failure or building damage.
- The practice did not keep up to date records to evidence that a checking system was in place and that there were systems in place to monitor the use of the emergency medicines and equipment.
- The practice was trying to recruit for a vacant practice nurse role; however throughout the inspection process we noticed some gaps in the provision of the service.

Requires improvement



### Are services effective?

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were carried out to demonstrate quality improvement and to improve patient care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



# Summary of findings

- Discussions with staff members highlighted that they did not make use of the e-learning system in place. Members of the management team had identified this as an area for improvement and explained that they were planning to utilise the system more moving forward.

## Are services caring?

Good



- Patients we spoke with during our inspection said they were satisfied with the care provided by the practice and that their dignity and privacy was respected.
- Notices in the patient waiting room told patients how to access a number of support groups and organisations.
- We saw a comprehensive folder which was available in the waiting room; the folder contained a wide range of patient guidance and information including details of local support groups, health promotion information and practice information.
- We saw that staff treated patients with kindness and respect.

## Are services responsive to people's needs?

Good



- Urgent access appointments were available for children and those with serious medical conditions.
- Patients we spoke with on the day of our inspection commented that they could always get an appointment when needed. Throughout our inspection we noticed a theme regarding delays in accessing appointments over the phone.
- The latest results from the national GP patient survey published on 7 January 2016 highlighted an improvement on the practices response rates with regards to access to care and treatment.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.
- There were disabled facilities and translation services available.

## Are services well-led?

Good



- Conversations with staff demonstrated that they were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting improvements openly with the management team.

# Summary of findings

- We saw minutes of monthly practice meetings attended by all staffing groups. Staff we spoke with also explained that they communicated on a daily basis as they were part of a close team.
- The practice gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- The patient participation group was active and involved in improvement projects across the practice.

# 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

Good



- The practice offered home visits and urgent appointments for those with enhanced needs.
- Data provided by the practice highlighted that 1% of their patients over the age of 75 had received a health check.
- Flu vaccination rates for the over 65s was 68%, compared to the national average of 73%.

### People with long term conditions

Good



- A permanent practice nurse had not been in place since April 2015. The healthcare assistants provided a range of services including asthma and diabetes checks.
- 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.
- Performance for overall diabetes related indicators was 98% compared to the CCG average of 88% and the national average of 99%.
- Flu vaccinations for those patients in the at risk groups was 48%, compared to the national average of 52%.

### Families, children and young people

Good



- Childhood immunisation rates for under two year olds ranged from 78% to 100% compared to the CCG averages which ranged from 40% to 100%.
- Immunisation rates for five year olds ranged from 90% to 95% compared to the CCG average of 93% to 98%.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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

Good



- The practice's uptake for the cervical screening programme was 76%, compared to the national average of 81%.

# Summary of findings

- We found that appointments with the locum nurse were available once a week on a Monday between 2pm and 8pm and therefore patients were limited when accessing nursing services.
- The practice offered extended hours and telephone consultations for working patients who could not attend during normal opening hours.

## People whose circumstances may make them vulnerable

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments at flexible times 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 practice worked with the local CCG and the Dudley Council for Voluntary Service (CVS) team to improve outcomes for patients in the area. For example, the practice was part of a scheme in the area to help to provide social support to their patients who were living in vulnerable or isolated circumstances.

Good



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

- There were longer appointments available at flexible times for people experiencing poor mental health. However, conversations with staff highlighted that these appointments were only available upon request and not routinely offered to specific patient groups or vulnerable patients.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Good



# Summary of findings

- Data showed that diagnosis rates for patients with dementia was 100%, with an exception rate of 0%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Performance for mental health related indicators was 100%, with an exception rate of 0%.

# Summary of findings

## What people who use the service say

The practice received 102 responses from the national GP patient survey published in July 2015; this was a response rate of 31%. The results showed the practice was performing below local and national averages in the following areas:

- 41% found it easy to get through to this surgery by phone compared with the CCG average of 68% and national average of 73%.
- 67% found the receptionists at this surgery helpful compared with the CCG and national averages of 87%.
- 57% of patients with a preferred GP usually saw or spoke to that GP compared with the CCG average of 58% and national average of 60%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 83% and the national average of 85%.
- 90% of patients said the last appointment they got was convenient compared with the CCG and national averages of 92%.
- 52% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.

- 52% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 63% and a national average of 65%.

The practice's response rates were above average for waiting times once an appointment was made; 66% of patients felt they did not normally have to wait too long to be seen compared with the CCG and national averages of 58%.

The latest results from the national GP patient survey were published on 7 January 2016; these results have highlighted an improvement on the practice's response rates with regards to access to care and treatment.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Patients and service users completed three CQC comment cards. We noticed that the six patients we spoke with during our inspection and the completed comment cards gave positive feedback with regards to the service provided. However, some of the patients we spoke with on the day of our inspection also commented that it is difficult to get through to the practice on the phone.

## Areas for improvement

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

- Assess and manage risks associated with health and safety of the premises, fire risk and risk associated with infection control including control of substances hazardous to health and legionella.
- Ensure emergency medicines and equipment is regularly checked and ensure records are kept to monitor this.

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

- Consider the scope of the practice nurse role and continue with recruitment processes to ensure the practice meets the needs and circumstances of people using the service.
- Develop a plan of business continuity to support the practice in event of a major incident.

# Woodsetton 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 advisor and a practice manager specialist advisor.

## Background to Woodsetton Medical Centre

Woodsetton Medical Centre is a long established practice located in the Woodsetton area of Dudley. There are approximately 6275 patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes a senior GP partner and two GP partners, two healthcare assistants and a locum practice nurse who supports the practice one day a week. The GP partners and the practice manager form the practice management team and they are supported by a senior receptionist, four receptionists and two practice secretaries.

The practice is open between 8am and 6.30pm from Tuesday to Friday with appointments available from 8.50am to 6pm. Extended hours are available on Mondays when the practice offers appointments between 8am and 8pm. Appointments with the locum nurse are available on

Mondays between 2pm and 8pm. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

## Why we carried out this inspection

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

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.

## 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

# Detailed findings

- 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)

The inspection team:-

- Reviewed information available to us from other organisations such as NHS England.
- Reviewed information from CQC intelligent monitoring systems.

- Carried out an announced inspection on 8 December 2015.
- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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 8 December 2015. 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 a system in place for reporting and recording significant events.

- The practice had a system in place for reporting incidents and near misses. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. Staff talked us through the process and showed us the reporting templates which were used to record significant events.
- The practice were proactive at identifying and recording incidents and events where learning could be identified. We saw that twenty significant events had been recorded during the last 12 months. We looked at three significant event records and saw that two of these records were completed with specific actions and learning outcomes to improve safety in the practice. For example, a significant event was recorded in relation to a prescription issue. The practice took remedial action straight away, the investigation was documented on a significant event reporting template and findings were communicated to the practice team.
- However, during our inspection we found some gaps in the recording of significant events. For example, a significant event had been documented in relation to an unsheathed needle found in one of the treatment rooms. We found that the significant event record did not have learning outcomes or actions documented. We also found that another incident had occurred during the last 12 months in relation to a delay in medication for a patient. On discussion we found that once staff were aware of the incident it was managed efficiently. However, details had not yet been documented on a significant event form.
- Staff we spoke with confirmed that significant events and learning was regularly shared with them during staff meetings and also on an informal basis. Staff we spoke with were able to provide examples of previous significant events. We saw that significant events were discussed with staff during a practice meeting in December 2015. The minutes highlighted that the

practice had identified gaps in recording significant events. A significant event protocol was developed to improve the record keeping and governance of significant events moving forward.

### Overview of safety systems and processes

The practice had defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which 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. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- The senior GP partner was the lead member of staff for safeguarding. However, we found that some members of staff were unaware of who the safeguarding lead was. The GP attended multidisciplinary and safeguarding meetings and provided reports where necessary for other agencies.
- A notice was displayed in the patient waiting area advising patients that a chaperone service was available, if required. The healthcare assistants, the locum nurse and a member of the reception team acted as chaperones and we saw that they had received a disclosure and barring check (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 manager was the infection control lead for the practice. There was an infection control protocol in place and we saw records of training completed by the infection control lead in September 2015. However we found that members of the reception team had not completed basic infection control training.
- Annual infection control audits were undertaken and we saw evidence that some actions had been taken to address the improvements identified. However, an action had not been completed in relation to risk assessments for the control of substances hazardous to health (COSHH). We saw that this was identified in 2014 and that the COSHH risk had not been managed or re-assessed.

## Are services safe?

- We observed the premises to be visibly clean and tidy. We saw weekly cleaning records and completed cleaning specifications within the practice. There were also records to reflect the cleaning of medical equipment such as the equipment used for ear irrigation.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury. We found that the practice did not have the required purple lidded sharps bins to correctly dispose of cytotoxic or hormonal injections.
- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs. Prescription pads were securely stored and there were systems in place to monitor their use. All prescriptions were reviewed and signed by a GP before they were given to the patient.
- We found that details of a significant event where a patient experienced a delay in receiving medication highlighted that the practice's system for the prescribing and monitoring high risk medicines such as warfarin were not always robust.
- The practice worked with a pharmacist from their Clinical Commissioning Group (CCG) who attended the practice once a week. The pharmacist assisted the practice with medicine audits, discussed safety alerts and monitored their use of antibiotics to ensure they were not overprescribing. National prescribing data showed that the practice was lower than the national average for medicines such as antibacterial and Non-Steroidal Anti-Inflammatory medicines and for prescribing certain types of antibiotics.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice ensured that patients were kept safe. The vaccination fridges were well ventilated and secure. Vaccinations were stored within the recommended temperatures and temperatures were logged in line with national guidance.
- The locum nurse administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. 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. We saw up-to-date copies of PGDs and evidence that the practice nurses had received appropriate training to administer vaccines. The practice also had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.

- We viewed six staff files, the files showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications and registration with the appropriate professional body.

### Monitoring risks to patients

- There was a health and safety policy available with a poster behind reception. The practice manager had not completed health and safety training to support them in their role of health and safety lead.
- Formal risk assessments were not completed for risks associated with the health and safety of the premises, fire risk and risk associated with infection control including legionella
- We saw records to show that staff had received fire awareness training and fire marshal training in June 2015. Regular fire alarm tests were carried out however staff confirmed that fire drills had not taken place.
- There was a rota system in place for the different staffing groups. However, staffing levels did not demonstrate that the practice had adapted to the needs and circumstances of people using the service. A permanent practice nurse had not been in place since April 2015. Members of the management team explained that they had recruited practice nurses on two occasions; however the recruitment of permanent positions were unsuccessful in these instances. A locum practice nurse had been appointed to continue to provide the nursing service at the practice. We found that appointments with the nurse were limited to six hours every Monday and therefore patients who required nurse care such as certain immunisations and cervical screening were restricted to appointments between 2pm and 8pm on a Monday. The practice was continuing with their nurse recruitment processes at the point of our inspection.

## Are services safe?

- The practice used regular locum GPs through a locum agency to cover if ever the GPs were on leave. The practice shared records with us which demonstrated that the appropriate recruitment checks were completed for their locum GPs.

### **Arrangements to deal with emergencies and major incidents**

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

- There was a system on the computers in all the treatment rooms which alerted staff to any emergency in the practice. We spoke with a member of the reception team who highlighted how they had used the alerting system to help a patient in reception during a medical emergency.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.

However, we found that the expiry date on the Oxygen was dated as 2010. We also highlighted that the oxygen cylinder was a quarter full. There was a first aid kit and accident book available. Records showed that all staff had received training in basic life support.

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. However, the practice did not keep up to date records to evidence that a checking system was in place and that there were systems in place to monitor the use of the emergency medicines.

The practice did not have a documented business continuity plan in place for major incidents such as power failure or building damage. Discussions with staff also highlighted that staff were not aware of what to do in the event of an emergency.

# 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 and these were also discussed and at practice meetings. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patient needs.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This 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 from 2014/15 were 97% of the total number of points available, with 10% exception reporting. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.

- The percentage of patients with hypertension having regular blood pressure tests was 100%, with an exception rate of 0%.
- Performance for mental health related indicators was 100%, with an exception rate of 0%.
- Data showed that diagnosis rates for patients with dementia was 100%, with an exception rate of 0%.
- Performance for overall diabetes related indicators was 98% compared to the CCG average of 88% and the national average of 99%.

Clinical audits were carried out to demonstrate quality improvement and to improve patient care and treatment. We saw evidence of two clinical audits completed in the last year. Both of these were full cycle audits. The completed audits demonstrated how improvements were identified, implemented and monitored.

We saw that two sets of audits were completed in August 2014 and February 2015. The aims of the audits were to identify if patients diagnosed with a specific heart condition had been assessed using the appropriate clinical prediction tool and were receiving suitable medication in line with recommendations set by the National Institute for Health and Care Excellence (NICE). The audit document we reviewed was detailed and comprehensive, we noticed how the details outlined the GPs additional concerns that some patients were at risk of not receiving the correct treatment. As a result, the GP decided to audit and review each of the individual patients that they had identified. The first audit demonstrated that 16% of the practices patients diagnosed with a specific heart condition had not been placed on the appropriate medication and treatment. The audit also highlighted how some of these patients were at a higher risk of Stroke. These patients were reviewed in the practice and additional medication reviews were offered by the pharmacist. Further changes were also made in order to improve this area, the practice held an education session with clinical staff to discuss the relevant NICE guidelines. During this session, the importance around the use of the clinical prediction was also reiterated along with the regular review of their patients who were diagnosed with the specific heart condition. The practice also ensured that staff were trained to correctly code correspondence specific to heart conditions diagnosed in secondary care.

The repeated audit identified that all of the practices patients diagnosed with a specific heart condition were receiving the appropriate treatment and medication. All of these patients were correctly coded with a regular review and recall system in place. The clinical prediction tool was also used on all cases where patients had been diagnosed with a specific heart condition.

### Effective staffing

- While staff had access to the appropriate training to meet their learning needs discussions with staff members highlighted that they did not make use of the e-learning system in place. Members of the management team had identified this as an area for improvement and explained that they were planning to utilise the system more moving forward.
- The practice had an induction programme for any newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

# Are services effective?

## (for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness and basic life support. We saw records to support that clinical staff attended regular training and education events and kept up to date with continual professional development modules.
- All staff had had an appraisal within the last 12 months. The GPs we spoke with confirmed they were up to date with their yearly continuing professional development requirements and had recently been revalidated. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).
- The healthcare assistants were supervised by the GPs and staff we spoke with confirmed that support was provided through one to ones, staff meetings and appraisals.

### Coordinating patient care and information sharing

All 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 plans, medical records and test results. Information such as NHS patient information leaflets were also available.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' 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 were discharged from hospital.

We saw evidence that monthly multi-disciplinary team meetings took place, with regular representation from a wide range of health and social care services including district nurses, social workers and community mental health nurses. We saw minutes of meetings to support that joint working took place. Vulnerable patients, patients receiving end of life care and patients with complex needs and were regularly discussed and their care plans were routinely reviewed and updated. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment as well as end of life care.

### 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, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

Patients who may be in need of extra support were identified and supported by the practice. Patients were also signposted to relevant services to provide additional support. 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.

The locum nurse was not available to speak to on the day of our inspection. We spoke with a healthcare assistant and a practice secretary who facilitated recalls and telephone reminders for patients who did not attend for their cervical screening test. Discussions with staff demonstrated that the practice operated an effective failsafe system for ensuring that test results had been received for every sample sent by the practice. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- The practice's uptake for the cervical screening programme was 76%, compared to the national average of 81%.
- Childhood immunisation rates for under two year olds ranged from 78% to 100% compared to the CCG averages which ranged from 40% to 100%. Immunisation rates for five year olds ranged from 90% to 95% compared to the CCG average of 93% to 98%.

## Are services effective?

(for example, treatment is effective)

- Flu vaccination rates for the over 65s was 68%, compared to the national average of 73%. Flu vaccinations for those patients in the at risk groups was 48%, compared to the national average of 52%.

We found that appointments for cervical screening and a range of immunisations were limited as the practice's nurse services operated once a week on a Monday between 2pm and 8pm. Discussions with staff members highlighted that the lack of availability could have contributed towards these figures.

Health assessments and checks were carried out by the practice's healthcare assistance. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups were made with the GP and these were based on the outcomes of health assessments and checks, where abnormalities or risk factors were identified.

Data provided by the practice highlighted that 1% of their patients over the age of 75 had received a health check and 2% of their patients aged 40–74 had received a health check.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone.

- Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that on the day of our inspection conversations taking place in one of the treatment rooms could be overheard. We fed this back to the practice management team. We were advised that this was not common practice and assured that staff would ensure treatment and consultation doors were kept closed moving forward.
- Reception staff advised that a private room was always offered to patients who wanted to discuss sensitive issues or appeared distressed.

Patients completed three CQC comment cards, the cards contained positive comments about the service experienced. Comments described the service as good and staff were described as helpful and respectful. We also spoke with six patients 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 was respected.

Results from the national GP patient survey published in July 2015 highlighted mixed responses in relation to patients being treated with compassion, dignity and respect. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 82% said the GP gave them enough time compared to the CCG and national averages of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%.
- 87% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 92%.

- 79% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average and national averages of 85%.
- 67% patients said they found the receptionists at the practice helpful compared to the CCG and national averages of 87%.

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

During our inspection patients told us that they felt involved in decision making about the care and treatment they received. Patients we spoke with on the day of our inspection and the completed comment cards highlighted that the GPs took the time during consultations to explain information and the various treatment options available to patients. However, the results from the national GP patient survey showed that responses were below average in relation to questions about patients involvement in planning and making decisions about their care and treatment:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 80% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%.

### 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. We also saw a comprehensive folder which was available in the waiting room; the folder contained a wide range of patient guidance and information including details of local support groups, health promotion information and practice information.

The practice's computer system alerted GPs if a patient was also a carer. The practice offered flu vaccines and annual reviews for anyone who was a carer. The practice also had a notice board containing supportive advice for carers and signpost information to other services. GPs also offered home visits to carers who were in need of support.

## Are services caring?

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

The practice also supported patients by referring them to a gateway worker from the local mental health trust that provided counselling services on a weekly basis in the practice. The gateway worker also attended and contributed to the monthly multi-disciplinary team meetings at the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- The practice offered extended hours for working patients who could not attend during normal opening hours. Telephone consultations were also available between 12:30pm to 1pm and from 3:30pm to 4pm on week days.
- There were longer appointments available for people with a learning disability, for carers and for patients experiencing poor mental health. However, conversations with staff highlighted that these appointments were only available upon request and not routinely offered to specific patient groups or vulnerable patients.
- The GPs carried out home visits for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions. Patients we spoke with on the day of our inspection commented that they could always get an appointment when needed.
- There were disabled facilities and translation services available. The practice did not have a hearing loop installed.
- The healthcare assistants provided a range of services including new patient checks, NHS health checks, dressings, asthma checks, diabetes checks, Electrocardiograms (ECGs) and Chronic Obstructive Pulmonary Disease (COPD) clinics. We saw that training records were in place to support the delivery of these services.

### Access to the service

The practice was open between 8am and 6.30pm on Tuesday to Friday with appointments available from 8.50am to 6pm. Extended hours were available on Mondays when the practice offered appointments between 8am and 8pm. Appointments with the locum nurse were available on Mondays between 2pm and 8pm.

Pre-bookable appointments could be booked up to four weeks in advance and urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in July 2015 showed that response rates were mostly below average for access to care and treatment.

- 72% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 63% and a national average of 65%.
- 62% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 75%.
- 41% patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average of 73%.
- 52% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 66% of patients felt they did not normally have to wait too long to be seen compared with the CCG and national averages of 58%.

We discussed the results from the national GP patient survey with members of the management team. The practice had not completed a formal action plan in response to the areas for improvement. Some changes had been made since the practice's internal patient satisfaction survey which was completed in April 2014. The survey also highlighted a theme where patients reported that it was difficult to access to practice over the phone. The practice installed a further phone line to try to improve this area. Some of the patients we spoke with on the day of our inspection also commented that it is difficult to get through to the practice on the phone. The management team acknowledged that this was an area which required further improvement and that they were exploring various methods to improve telephone access, these included structuring staff so that there was always someone available to answer the phone and long term plans to monitor phone lines through the use of telephony software where they can analyse peak times to target improvements.

# Are services responsive to people's needs?

(for example, to feedback?)

The latest results from the national GP patient survey were published on 7 January 2016; these results have highlighted an improvement on the practices response rates with regards to access to care and treatment.

## Listening and learning from concerns and complaints

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

- The practice's 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 on display and available to help patients understand the complaints system.

- The practice had received six complaints in the last 12 months. We reviewed records of two complaints and found that they were satisfactorily handled, lessons were learnt from concerns and complaints and action items were also applied.

One of the complaints we reviewed related to a concern raised by a patient who waited over 10 minutes to get through to the practice on the phone. The complainant raised a further concern due to limited availability with the locum nurse; as a result the patient experienced a delay in receiving a specific injection. We also noticed that some of the concerns highlighted on the NHS Choices website related to the appointment system and the lack of practice nurse appointments.

# 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 documented mission statement which was to improve the health and wellbeing of patients through providing high quality and readily accessible services. There were six vision and values which contributed to the overall mission statement. These included empowering patients to have a positive experience of the practice and to ensure that the service delivered is caring and clinically effective.

We spoke with nine members of staff who spoke positively about working at the practice. Most staff members said they felt supported and that they felt involved in the practice's plans. Staff members explained that they worked well in teams and generally felt comfortable to raise concerns; however we were given examples of how this could be difficult on occasions.

### Governance arrangements

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 programme of continuous clinical and internal audit was used to monitor quality and to make improvements. However, we found some gaps in assessing and monitoring potential risks associated with the premises and the service provided.

### Leadership, openness and transparency

The GP partners and the practice manager formed the management team at the practice. We spoke with members of the management team on the day of our inspection. The senior partner and the practice manager explained that they encouraged a culture of openness and honesty in the practice. The management team were visible in the practice and staff commented that the management team were mostly supportive and approachable.

We saw minutes of monthly practice meetings attended by all staffing groups. The practice manager also attended weekly manager meetings with the partners. Staff we spoke

with explained that they communicated on a daily basis as they were part of a close team. The management team explained how they had structured appointments to allow the GPs to have a 10 minute catch up break with one another each day. This improved communication between the GPs giving them time to discuss clinical practice and share learning on a daily basis.

### 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 gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which was made up of six members. The PPG met as a group every two to three months and we saw minutes which reflected these meetings.

We spoke a member of the PPG during our inspection. The PPG member discussed some of the improvements made at the practice with the involvement of the PPG. Improvements included installing a road sign to clearly signpost visitors to the practice. The PPG member also explained that they were due to appoint a PPG chair to provide further support to the group and to help with implementing improvements at the practice.

### Continuous improvement

At the beginning of our inspection the management team carried out a presentation. Plans for the future were discussed with the inspection team during the practice's presentation. The practice was planning on piloting a Self-Management Programme in 2016 and 24 patients had showed an interest in joining the scheme. Staff shared information leaflets and outlined the aims of government scheme which were to provide patients with skills and information in order to better manage their conditions. The management team also explained how they were looking to expand on the current clinical team by recruiting a GP registrar, staff we spoke with advised that this would also help the appointment system.

## 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	Formal risk assessments were not in place to monitor health and safety of the premises to ensure that the premises used by the practice were safe to use for the intended purpose and used in a safe way. Regulation 12 (2)(a)
Maternity and midwifery services	The practice had not assessed and managed risks associated with infection control including control of substances hazardous to health and legionella. Regulation 12 (2)(a)
Surgical procedures	The practice did not keep up to date records to evidence that there were systems in place to monitor the use of the emergency equipment and emergency medicines. Regulation 12 (2)(f)
Treatment of disease, disorder or injury	