

Waterfield House Practice

Quality Report

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Date of inspection visit: 21 June 2016

Date of publication: 06/10/2016

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Waterfield House Practice on 21 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Although risks to patients who used services were not always assessed, the systems and processes to address these risks had been implemented well enough to ensure patients were kept safe.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

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

The areas where the provider must make improvement are:

Summary of findings

- Ensure that systems, processes and practices keep patients safe in relation to infection control and prevention.
- Ensure that procedures for monitoring and managing risks to patient and staff safety include the routine checking of fire and legionella risk assessments.
- Ensure that systems to routinely check the equipment and medicines used in emergencies are safe. In order to ensure they are within their expiry dates and fit for purpose.

The areas where the provider should make improvement are:

- Continue to ensure that recruitment checks undertaken include the routine checking of registration with the appropriate professional body for nurses.
- Continue to ensure that staff appraisals are routinely conducted and recorded.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- There was an effective system for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to keep patients safeguarded from abuse.
- Although risks to patients who used services were not always assessed, the systems and processes to address these risks had been implemented well enough to ensure patients were kept safe.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. The practice is rated as requires improvement for providing safe services and rated as good for providing effective, caring, responsive and well-led services.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. It had a scheme for patients, who lived in nursing and residential homes. This involved registering all the patients (with their consent) with one GP who looked after that home. There was better continuity of care and weekly visits to nursing and residential care homes were conducted.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice is rated as requires improvement for providing safe services and rated as good for providing effective, caring, responsive and well-led services.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were comparable to the local and national average. For example, 88% of patients with diabetes, on the register, in whom the last IFCHbA1c is 64 mmol/mol (a blood test to check blood sugar levels) or less in the preceding 12 months (local average 79% and national average 78%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Summary of findings

Families, children and young people

The practice is rated as good for the care of families, children and young people. The practice is rated as requires improvement for providing safe services and rated as good for providing effective, caring, responsive and well-led services.

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 86%, which was comparable to the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice is rated as requires improvement for providing safe services and rated as good for providing effective, caring, responsive and well-led services.

- 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.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice is rated as requires improvement for providing safe services and rated as good for providing effective, caring, responsive and well-led services.

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.

Good



Summary of findings

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

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice is rated as requires improvement for providing safe services and rated as good for providing effective, caring, responsive and well-led services.

- 78% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- Performance for mental health related indicators were similar to the national average. For example, 88% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (local average 89% and national average 89%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia and provided care and treatment to 150 patients who lived in nursing and residential homes, many of whom had a dementia diagnosis.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and thirty six survey forms were distributed and 123 were returned. This represented 0.4% of the practice's patient list.

- 72% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85%).

- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were mainly positive about the standard of care received. There were three cards that contained mixed comments; stating that care and treatment was good but raised issues relating to waiting long times beyond the appointment given and having to contact the practice after 2.00pm to make an afternoon appointment.

We spoke with ten patients during the inspection. All ten patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that systems, processes and practices keep patients safe in relation to infection control and prevention.
- Ensure that procedures for monitoring and managing risks to patient and staff safety include the routine checking of fire and legionella risk assessments.

- Ensure that systems to routinely check the equipment and medicines used in emergencies are safe. In order to ensure they are within their expiry dates and fit for purpose.

Action the service **SHOULD** take to improve

- Continue to ensure that recruitment checks undertaken include the routine checking of registration with the appropriate professional body for nurses.
- Continue to ensure that staff appraisals are routinely conducted and recorded.

Waterfield House Practice

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, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Waterfield House Practice

Waterfield House Practice is a GP practice based in Pembury, Kent. There are approximately 5,957 patients on the practice list.

The practice is in one of the least deprived areas of Kent. The practice is similar to the national averages for each population group. For example, 4.5% of patients are aged 0 - 4 years of age compared to the clinical commissioning group (CCG) average of 6% and the national average of 5.9% and 30% are 5 to 18 years of age compared to the CCG average of 34% and the national average of 32%. Scores were similar for patients aged 65, 75 and 85 years and over.

The practice provided care and treatment for 150 patients who lived in nursing and residential homes, who often had complex needs, dementia and were vulnerable. Additionally, the practice provided care and treatment for 43 patients who lived in a residential home for people with learning disabilities.

The practice holds a General Medical Service contract and consists of three partner GPs (male). The GPs are supported

by a locum GP (female), a practice manager, three practice nurses (female), a healthcare assistant and an administrative team. A wide range of services and clinics are offered by the practice including asthma and diabetes.

The practice building is arranged over two storeys, with all the patient accessible areas being located on the ground floor. The practice is accessible to patients with mobility issues, as well as parents with children and babies.

Waterfield House Practice is open 8.30am to 6.00pm Monday to Friday. Morning appointments are from 9.00am to 11.30am and afternoon appointments are from 4.00pm to 5.50pm. There is a late evening clinic every Monday 6.00pm to 7.30pm. The practice operates a duty doctor system to ensure there is GP cover from 6.00pm to 6.30pm and urgent and emergency cases, as well as test results are monitored and responded to appropriately.

The practice is a training practice (training practices have GP trainees and FY2 doctors). There is one GP registrar at the practice. Additionally, the practice nurses provide mentoring services and there is a third year nursing student working at the practice.

There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

Services are provided from:

Waterfield House Practice, 186 Henwood Green Road, Tunbridge Wells, Kent, TN2 4LR

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was

Detailed findings

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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 June 2016.

During our visit we:

- Spoke with a range of staff (a GP partner, the locum GP, the practice manager, a practice nurse and four administrative staff) and spoke with ten patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 35 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, as a result of an incident, the practice had reviewed its processes and had provided reception staff with conflict management training, in order to de-escalate potentially aggressive patients. The practice implemented systems to help ensure that such situations were managed appropriately, in order to reduce such incidents in the future.

Overview of safety systems and processes

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

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

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

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was a discrepancy amongst staff as to who was the infection control clinical lead at the practice. Additionally, annual infection control audits had not been undertaken. We raised these issues with the practice manager, who subsequently sent us documentary evidence; to show that the one of the practice nurses had been designated the role infection control clinical lead. There was an infection control protocol and staff had received up to date training.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, a recent 'micro system' project had been conducted by the practice with the support of the local CCG medicine management team, in order to review the number of interim prescriptions provided to patients in nursing homes. The result of this project had reduced the number of prescriptions from 71 per month to 19. Blank prescription forms and pads were securely stored and there were systems to monitor their use.

Are services safe?

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs.
- We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and the appropriate checks through the Disclosure and Barring Service. With the exception of registration checks with the appropriate professional body for nurses which had not been conducted. We raised this issue with the practice manager, who subsequently sent us documentary evidence to show that these checks had been conducted.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were not always procedures 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 which identified local health and safety representatives. 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 had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice did not have a risk assessment for the checking of legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) nor was there an up to date fire risk assessment. We raised these issues with the practice manager, who subsequently sent us documentary evidence to show that these had been conducted.
- There were arrangements for the planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to 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 had received annual basic life support training with the exception of a new member of administrative staff that had joined the practice after the annual training had been provided. planned dates for staff to receive this training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. However, supplies of needles and syringes in the emergency kit, for use in an emergency were seen to be out of date. We raised this issue with the practice manager, who subsequently sent us documentary evidence to show all out of date equipment had been replaced. All the medicines we checked stored securely. However, we found these were not routinely checked and some medicines were out of date. Additionally, stock levels indicated on the emergency medicines box, did not match those that were stored within it. We raised these issues with the practice manager, who subsequently sent us documentary evidence to show routine checking of emergency medicines had been implemented and all out of date medicines had been replaced.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.3% of the total number of points available with 14% exception reporting (compared to the CCG average of 9%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice recorded higher exception reporting for patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 23.9% exception reporting compared to the CCG average of 9.5% and national average of 8.7%.

The practice provided us with QOF data from the 2015/16 (which has not yet been verified, published and made publically available) and these showed improvements had been made to higher than average scores, in relation to exception reporting. Additionally, the practice had recruited a quality coordinator, in order to monitor and improve QOF reporting.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators were comparable to the local and national average. For example, 88% of patients with diabetes, on the register, in whom the last IFCHbA1c is 64 mmol/mol (a blood test to check blood sugar levels) or less in the preceding 12 months (local average 79% and national average 78%).
- Performance for mental health related indicators were similar to the national average. For example, 88% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (local average 89% and national average 89%).

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. on Novel Oral Anticoagulants (blood thinning medicines) and prescribing an alternative medicine, when the recommended warfarin treatment was problematic.

Information about patients' outcomes was used to make improvements. For example, routinely reviewing patients on a certain medicine which had adverse cardiac (heart) side effects.

Effective staffing

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

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

Are services effective?

(for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All the staff we spoke with had received an appraisal within the last 12 months. However from the personnel records that we looked at, we identified that three of the five staff had not had an appraisal. We raised this issue with the practice manager, who subsequently sent us documentary evidence to show that a system for the remainder of staff appraisals had been implemented, along with planned dates for these to occur.
- Staff received training that included: safeguarding, fire safety awareness and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers and those at risk of developing a long-term condition. As well as those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 86%, which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone and written reminders for patients who did not attend for their cervical screening test. There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice achieved slightly higher results in relation to its patients attending national screening programmes for bowel and breast cancer screening. For example, 63% of eligible patients had been screened for bowel cancer,

Are services effective?

(for example, treatment is effective)

which was below the CCG average of 61% and the national average of 58%. Seventy four percent of eligible patients had been screened for breast cancer, compared to the CCG average of 74% and the national average of 72%.

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 91% to 97% and five year olds from 79% to 97%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 35 patient Care Quality Commission 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 spoke with seven members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.

However, the practice scored lower than average in relation to the helpfulness of reception staff. For example:

- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Are services caring?

- There was an extensive range of information about services available at the practice, signposting to other local services and providing general healthcare related information.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 121 patients as

carers (2% of the practice list). There was a section on the practice's new patient registration forms where patients record whether they were or have a carer. Written information was available to direct carers to the various avenues of support available to them, in the form of a poster in the waiting room and forms to submit to the practice.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered a late evening clinic every Monday 6.00pm to 7.30pm, for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability either in their own home or at the practice.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice provided care and treatment for 150 patients who lived in nursing and residential homes, who often had complex needs, dementia and were vulnerable. Therefore it had, with the patients consent, registered individual patients with one GP who looked after the home. Where named GPs could not attend the home, the practice had a rota to ensure another GP conducted the reviews of these patients. All these patients had care plans and advanced directives, where appropriate.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available, as well as baby changing facilities. There was a lift to ensure that those with mobility impairments and wheelchair bound patients could access all clinical areas of the practice.

Access to the service

Waterfield House Practice was open 8.30am to 6.00pm Monday to Friday. Morning appointments were from 9.00am to 11.30am and afternoon appointments were from 4.00pm to 5.50pm. There is a late evening clinic every Monday 6.00pm to 7.30pm. The practice operates a duty

doctor system to ensure there is GP cover from 6.00pm to 6.30pm. In addition appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 74% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 78%.
- 72% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them and that reception staff went the extra mile to ensure this.

The practice had a system to assess whether a home visit was clinically necessary; as well as the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. The practices' procedures were in line with recognised guidance and contractual obligations for GPs in England. However, the complaints policy was not up to date, as it did not include details of the timescales for responding to complaints. Additionally, there was no information available to help patients understand the complaints system. We raised these issues with the practice manager, who subsequently sent us documentary evidence to show that the policy had been updated and a notice summarising the local complaints policy had been displayed in reception.

There was a designated responsible person who handled all complaints in the practice.

We looked at seven complaints received in the last 12 months and found they had been dealt with in a timely, open and transparent way. There was a record maintained of all verbal complaints received. Records demonstrated

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

that the complaints were investigated, the complainants had received a response, the practice had learned from the complaints and had implemented appropriate changes. For example, improving the system for making referrals using the Primary Care Booking Service (PCBS). The

practice had ensured that all referrals were sent to the PCBS by mail and any fax sent through the system had a copy sent by mail and was also scanned into the patients record.

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 and ensured that:

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

Leadership and culture

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

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

training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, holding themed health promotions sessions in order to promote patient education and self-help.
- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of constructive staff engagement. Staff at all levels were actively encouraged to raise concerns. The practice had gathered feedback from staff through staff meetings and discussion. Staff we spoke with told us they felt involved

Are services well-led?

Good 

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

and engaged to improve how the practice was run. There was a very low staff turnover at the practice. Staff told us they came to the practice and have stayed because they felt included and integral in the running of the practice.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking to improve outcomes for patients in the area.

The practice is a training practice and all the staff were, to some degree, involved in the training of future GPs, registered nurses, reception and administration staff. For example, one receptionist had been supported to undertake and complete training to become a healthcare assistant.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered provider did not have systems or processes that were fully established and operated effectively to ensure:</p> <ul style="list-style-type: none">• That they did all that was reasonably practicable to assess the risk of, and prevent, detect and control the spread of, infections. In that they had failed to undertake an annual infection control audit.• That their system to routinely check the equipment and medicines used in emergencies were safe. In that they had failed to ensure that equipment was in date, sterile and fit for purpose and emergency medicines were within their expiry date.• That they did do all that was reasonably practicable to assess the risk of legionella, as well as the risks associated with fire safety. In that they had failed to ensure that legionella and fire risk assessments had been conducted.