

# Westside Surgery

## Quality Report

Sleaford Road Medical Centre  
Boston West Business Park  
Sleaford Road  
Boston  
PE21 8EG

Tel: 01205 362556

Website: [www.westsidesurgery.co.uk](http://www.westsidesurgery.co.uk)

Date of inspection visit: 30 November 2016

Date of publication: 16/02/2017

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

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	5
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12

### Detailed findings from this inspection

Our inspection team	13
Background to Westside Surgery	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	27

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Westside Surgery on 30 November 2016. Overall, the practice is rated as inadequate.

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

- Patients were at risk of harm because not all appropriate systems and processes were implemented in a way to keep them safe. For example, the processes in place to review patients prescribed high-risk medicines was inconsistent. Changes to a patient's medicines received from other services were not checked by a GP for interactions and medicine reconciliation. Uncollected prescriptions, including prescriptions for controlled drugs, were not brought to the attention of the clinical staff.
- Blank prescription forms and pads were securely stored; however, there was no system in place to monitor their use.
- There was no evidence to show what action had taken because of inappropriate items disposed of within sharps bins, as identified within sharps bin audits.
- The practice did not obtain satisfactory information regarding any relevant physical or mental health conditions before staff commenced employment.
- Reviews, searches and audits linked to patient safety alerts were not completed.
- Reviews in relation to patients prescribed high risk medicines were not always completed in accordance with best practice guidance.
- The practice had high levels of exception reporting for several clinical conditions. An explanation was provided following the visit regarding some of the exception rates, however further work was to be carried out to review the process to exception report patients.
- Nationally reported data showed that prevalence rates for several medical conditions were low

# Summary of findings

compared to the local and national averages, the practice had recognised this and requested support from an external contractor to review patient records.

- Not all clinical mail was reviewed by a clinician to ensure the appropriate action was taken to amend patients care and treatment.
- The practice informed us they met with other providers of health and social care and a meeting schedule was in place, however there was no evidence to show the meetings took place.
- Staff had annual appraisals and were supported to carry out training relevant to their role; however, there were gaps within the practices identified mandatory training.
- Patients said they were treated with compassion, dignity and respect.
- The practice identified if a patient was also a carer and written information was available to direct carers to the various avenues of support available to them.
- There was no system in place to make contact with families who had suffered a bereavement.
- The practice had reviewed the needs of its local population and secured improvements to services where these had been identified.
- One GP was accredited to provide orthopaedic services under an Any Qualified Provider contract commissioned by the local clinical commissioning group.
- Feedback from patients reported that it was difficult to pre-book appointments, although urgent appointments were usually available the same day. Patients also told us they had difficulty in accessing the practice by phone.
- The practice had a clinical governance policy to support the delivery of quality care, however we found some aspects on the governance system was weak. Not all policies and procedures were adhered to, reviews, searches and audits linked to patient

safety alerts were not completed, and reviews in relation to patients prescribed high risk medicines were not always completed in accordance with best practice guidance.

- Regular practice meetings were held which discussed significant events, infection control, training and the community surgery service provided by the practice.
- The practice sought feedback from staff or patients and had a patient participation group, which was practice led.

The areas where the provider must make improvements are:

- Ensure systems and processes are in place to review patient safety alerts and ensure patients prescribed high-risk medicines are monitored appropriately.
- Ensure uncollected prescriptions are brought to the attention of a GP and a process is in place to support this.
- Ensure there are systems in place to monitor the use of prescription forms and pads.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure clinical mail is reviewed and new medicines are added to patient records by an appropriate clinician.

The areas where the provider should make improvement are:

- Improve processes to review areas for improvement identified because of infection prevention and control audits.
- Continue to review the process for exception reporting and the identification of patients to include in disease registers.
- Record minutes of multidisciplinary meetings.
- Continue to encourage staff to carry out and attend mandatory training.
- Review what support is offered to families who have suffered a bereavement.
- Continue to review patient satisfaction in relation to access to appointments and to the practice by phone.

# Summary of findings

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where

necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

**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 inadequate for providing safe services and improvements must be made.

- Staff were encouraged to report incidents, near misses and concerns. The practice carried out investigations when there were unintended or unexpected safety incidents and lessons learned shared with staff. Affected patients received support and a verbal and written apology.
- The practice had adequate arrangements in place to respond to emergencies and major incidents.
- Patients were at risk of harm because not all appropriate systems and processes were implemented in a way to keep them safe. For example, the processes in place to review patients prescribed high-risk medicines was inconsistent. Changes to a patient's medicines received from other services were not checked by a GP for interactions and medicine reconciliation. Uncollected prescriptions, including prescriptions for controlled drugs, were not brought to the attention of the clinical staff.
- Blank prescription forms and pads were securely stored; however, there was no system in place to monitor their use.
- There was no evidence to show what action had taken because of inappropriate items disposed of within sharps bins, as identified within sharps bin audits.
- The practice did not obtain satisfactory information regarding any relevant physical or mental health conditions before staff commenced employment.

Inadequate



### Are services effective?

The practice is rated as inadequate for providing effective services and improvements must be made.

- Templates on the patient administration system reflected NICE guidance, for example to ensure the correct care and treatment was provided for patients with diabetes.
- Reviews, searches and audits linked to patient safety alerts were not completed.
- Reviews in relation to patients prescribed high risk medicines were not always completed in accordance with best practice guidance.

Inadequate



# Summary of findings

- The practice had high levels of exception reporting for several clinical conditions. An explanation was provided following the visit regarding some of the exception rates, however further work was to be carried out to review the process to exception report patients.
- Nationally reported data showed that prevalence rates for several medical conditions were low compared to the local and national averages, the practice had recognised this and requested support from an external contractor to review patient records.
- Not all clinical mail was reviewed by a clinician to ensure the appropriate action was taken to amend patients care and treatment.
- The practice informed us they met with other providers of health and social care and a meeting schedule was in place, however there was no evidence to show the meetings took place.
- Staff had annual appraisals and were supported to carry out training relevant to their role; however, there were gaps within mandatory training.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect.
- 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.
- The practice identified if a patient was also a carer and written information was available to direct carers to the various avenues of support available to them.
- There was no system in place to make contact with families who had suffered a bereavement.

Good



## Are services responsive to people's needs?

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

- The practice had reviewed the needs of its local population and secured improvements to services where these had been identified.

Requires improvement



# Summary of findings

- 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.
- One GP was accredited to provide orthopaedic services under an Any Qualified Provider contract commissioned by the local clinical commissioning group.
- Feedback from patients reported that it was difficult to pre-book appointments, although urgent appointments were usually available the same day.
- Patients also told us they had difficulty in accessing the practice by phone.
- Data from the national GP patient survey was showed patients rated the practice in line with others for some aspects in relation to accessing the practice, however was lower in others including access to the practice by phone and convenience of appointment.

## Are services well-led?

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

- The practice had a vision to deliver quality care and focus on patient needs and education.
- The practice had a clinical governance policy to support the delivery of quality care, however we found some aspects on the governance system was weak. Not all policies and procedures were adhered to, reviews, searches and audits linked to patient safety alerts were not completed, and reviews in relation to patients prescribed high risk medicines were not always completed in accordance with best practice guidance.
- Regular practice meetings were held which discussed significant events, infection control, training and the community surgery service provided by the practice.
- Staff told us they felt supported by the GPs and that the GPs and practice manager were visible and approachable.
- The practice sought feedback from staff or patients and had a patient participation group, which was practice led.

Inadequate



# Summary of findings

## The six population groups and what we found

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

### Older people

The provider was rated as inadequate for safety, effective and for well-led and requires improvement for responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered home visits and urgent appointments for those with enhanced needs.
- Care and treatment of older people did not always reflect current evidence-based practice, as reviews of patients prescribed high risk medicines were not always carried out.
- Nationally reported data showed that prevalence rates for conditions commonly found in older people were low compared to the local and national averages, including
- Medicine alerts published by the Medicines and Healthcare products Regulatory Agency (MHRA) were not reviewed to ensure patients care and treatment did not pose a risk to their health.

Inadequate



### People with long term conditions

The provider was rated as inadequate for safety, effective and for well-led and requires improvement for responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management.
- 85% of those diagnosed with diabetes had a blood test to assess diabetes control (looking at how blood sugar levels have been averaging over recent weeks) compared to the national average of 78%.
- Longer appointments and home visits were available when patients needed them.
- Structured annual reviews were offered to check that patients' health and care needs were being met.
- The practice had high exception rates for several clinical conditions, specifically asthma and diabetes. The practice were unaware of this initially, however looked into the rationale after the inspection and confirmed further work was to be carried out to review the process to exception report patients.

Inadequate



# Summary of findings

- Care and treatment of people with long-term conditions did not always reflect current evidence-based practice, as reviews of patients prescribed high risk medicines were not always carried out.
- Medicine alerts published by the Medicines and Healthcare products Regulatory Agency (MHRA) were not reviewed to ensure patients care and treatment did not pose a risk to their health.

## Families, children and young people

The provider was rated as inadequate for safety, effective and for well-led and requires improvement for responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- A midwife attended the practice on a weekly basis to provide antenatal services.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Immunisation rates mixed for a number of the standard childhood immunisations. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 95% and five year olds from 68% to 86%. CCG averages ranged from 90% to 97% for vaccinations given to under two year olds and 87% to 95% for those given to five year olds. National averages ranged from 73% to 95% for vaccinations given to under two year olds and 81% to 95% for those given to five year olds.
- The practice's uptake for the cervical screening programme was 61%, which was lower than the CCG average of 74% and the national average of 74%.
- Medicine alerts published by the Medicines and Healthcare products Regulatory Agency (MHRA) were not reviewed to ensure patients care and treatment did not pose a risk to their health.

Inadequate



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

The provider was rated as inadequate for safety, effective and for well-led and requires improvement for responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Inadequate



# Summary of findings

- The practice offered extended opening hours, which included appointments with GPs and practice nurses.
- The practice offered online facilities, including to book appointments and to order repeat prescriptions.
- A range of health promotion and screening was offered that reflected the needs for this age group.
- There was a low uptake for breast screening services.
- Medicine alerts published by the Medicines and Healthcare products Regulatory Agency (MHRA) were not reviewed to ensure patients care and treatment did not pose a risk to their health.

## People whose circumstances may make them vulnerable

The provider was rated as inadequate for safety, effective and for well-led and requires improvement for responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances. This included homeless people and those with a learning disability.
- Staff knew how to recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities.
- The practice offered longer appointments for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people, however there was no evidence to show scheduled meetings took place.
- Medicine alerts published by the Medicines and Healthcare products Regulatory Agency (MHRA) were not reviewed to ensure patients care and treatment did not pose a risk to their health.
- Care and treatment of people whose circumstance may make them vulnerable did not always reflect current evidence-based practice, as reviews of patients prescribed high risk medicines were not always carried out.

Inadequate



# Summary of findings

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

The provider was rated as inadequate for safety, effective and for well-led and requires improvement for responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 92% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to 89%.
- 92% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to the national average of 84%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice did not have an adequate system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health, as not all clinical letters were reviewed by a clinician.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, however there was no evidence to show scheduled meetings took place.
- Medicine alerts published by the Medicines and Healthcare products Regulatory Agency (MHRA) were not reviewed to ensure patients care and treatment did not pose a risk to their health.
- Care and treatment of people experiencing poor mental health, including people living with dementia did not always reflect current evidence-based practice, as reviews of patients prescribed high risk medicines were not always carried out.

Inadequate



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was generally performing in line with local and national averages; however, there were some indicators that were lower than local and national averages. 296 survey forms were distributed and 108 were returned. This represented 1% of the practice's patient list.

- 63% of patients found it easy to get through to this practice by phone compared to the CCG average of 61% and national average of 73%.
- 65% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 72% and national average of 76%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and national average of 85%.
- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and national average of 79%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients before our inspection. We received five comment cards, which were completed in November 2016, which were positive about the standard of care received. Patients said staff were friendly and treated them with respect and dignity and one said they had difficulty at times to book an appointment. 18 comment cards had also been completed in April 2016 of which patients said they felt staff were professional, however nine commented that it was difficult to get a pre-bookable appointment and also difficult to get through to the practice by phone.

## Areas for improvement

### Action the service MUST take to improve

The areas where the provider must make improvements are:

- Ensure systems and processes are in place to review patient safety alerts and ensure patients prescribed high-risk medicines are monitored appropriately.
- Ensure uncollected prescriptions are brought to the attention of a GP and a process is in place to support this.
- Ensure there are systems in place to monitor the use of prescription forms and pads.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure clinical mail is reviewed and new medicines are added to patient records by an appropriate clinician.

### Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Improve processes to review areas for improvement identified because of infection prevention and control audits.
- Continue to review the process for exception reporting and the identification of patients to include in disease registers.
- Record minutes of multidisciplinary meetings.
- Continue to encourage staff to carry out and attend mandatory training.
- Review what support is offered to families who have suffered a bereavement.
- Continue to review patient satisfaction in relation to access to appointments and to the practice by phone.

# Westside Surgery

## 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.

## Background to Westside Surgery

Westside Surgery is a GP practice, which provides primary medical services to approximately 10,283 patients living in Boston. All patient facilities are accessible. Lincolnshire East Clinical Commissioning Group (LECCG) commission the practice's services.

The practice has four GP partners (three male and one female), one GP registrar and one trainee doctor. The nursing team consists of three advanced nurse practitioners, three practice nurses and three health care assistants. They are supported by a Practice Manager, Deputy Practice Manager and a team of reception staff and administrative staff.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available from 8am throughout the day. Extended hours appointments are offered between 6.30pm and 8pm on Mondays and Tuesdays, which included appointments with practice nurses as well as GPs. In addition to pre-bookable appointments that can be booked up to three weeks in advance, urgent appointments are also available for people that need them.

Patients can access out of hours support from the national advice service NHS 111, where telephone advice may be offered or alternatively an appointment at the GP Primary Care Centre at Pilgrim Hospital or a home visit would be offered.

The practice is an approved training practice for the training of General Practice Registrars and medical students. The practice is also a member of the Community Educators Provider Network (CEPN) and intends to host nursing students and pharmacists in the future.

## Why we carried out this inspection

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

## 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 30 November 2016. During our visit we:

- Spoke with a range of staff, including GPs, practice nurses, practice manager, deputy practice manager and administrative and reception staff.

# Detailed findings

- Spoke with members of the Patient Participation Group (PPG).
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they were encouraged to report 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). However, the significant event policy did not refer to or reflect the requirements under the duty of candour.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, given support and an explanation into the event, as well as a written or verbal apology. They were also told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events and discussed them at monthly meetings.

The practice had a safety alert policy in place for the review of all alerts, including equipment, estates and facilities and medicines. However, GPs confirmed medicine alerts had not been reviewed or actioned. We carried out a search on two alerts published by the Medicines and Healthcare products Regulatory Agency and found patients who had been prescribed medicines, however had not been reviewed to ensure they were not affected by the alert. This posed a serious risk to the safety, health and wellbeing of patients.

We noticed electrical socket inserts in use within the waiting area and the practice manager confirmed they had risk assessed the use of the inserts following the publication of the Department of Health Estates and Facilities alert in June 2016. However, there was no evidence to show the risk assessment had been carried out.

### Overview of safety systems and processes

Some systems, processes and practices were in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse, which reflected relevant legislation and local requirements. Policies were accessible to all staff and 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 and all staff knew who this person was if they had any concerns. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role.
- 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). Clinical staff were required to record in the patient record if a chaperone had been declined. If a chaperone was present, this was also recorded with the name of the chaperone.
- We observed the premises to be visibly clean and tidy. A practice nurse and healthcare assistant were the infection control leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and most staff had received up to date training. Annual infection control audits were undertaken, including handwashing assessments. Monthly sharps bin audits and cleaning audits were also carried out. We noted that the monthly sharps bin audit had identified every month throughout 2016 inappropriate items that had been disposed of within sharps bins, however there was no evidence of what action had been taken to resolve this.
- Some of 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). The practice carried out regular medicines audits, with the support of the local CCG medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the

## Are services safe?

practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed four personnel files and found most appropriate recruitment checks had been undertaken before employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, there was no satisfactory information about any relevant physical or mental health conditions within the staff files; this was not in line with the practices' policy or the requirements within the Health and Social Care Act 2008.

We found not all arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal):

- Processes were in place for handling repeat prescriptions, however the processes in place to review patients prescribed high-risk medicines was inconsistent. Clinical staff were unable to confirm what checks were carried out to ensure patients had received the appropriate monitoring before a prescription was re-issued. This included medication such as methotrexate and posed a serious risk to the patients' safety, health and welfare.
- Changes to a patient's medicines received from other services was initially checked and added to a patient's record by administration staff who had been trained to issue prescriptions and checked by a second staff member trained to issue prescriptions. The prescription and letter was then sent to a GP to check and sign. GPs confirmed there was no check for interactions and medicine reconciliation. We received confirmation following our inspection that authorisation rights to add new medicines had been removed from administrative staff.
- The practice had a policy in place for the handing out of prescriptions and review of uncollected prescriptions. We found uncollected prescriptions, including prescriptions for controlled drugs, were recorded on the patient record as such and then destroyed. GPs confirmed uncollected prescriptions were not brought to the attention of the clinical staff.

- Blank prescription forms and pads were securely stored; however, there was no system in place to monitor their use. We raised this with the practice who immediately took steps to put into place a monitoring system.

### Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. 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 in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Administration and reception staff had a buddy system to ensure appropriate cover was provided at all times.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place 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.
- Annual basic life support training had been arranged for October 2016, however not all staff members were able to attend the annual training session. A further basic life support training session was booked for February 2017.
- 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. All the medicines we checked were in date and stored securely.

## Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice were not always delivering care in line with best practice guidance. However, staff had access to guidelines from National Institute for Health and Care Excellence (NICE) to deliver care and treatment that met patients' needs.

- Templates on the patient administration system reflected NICE guidance, for example to ensure the correct care and treatment was provided for patients with diabetes.
- New and amended NICE guidance was discussed at clinical meetings and policies were updated accordingly.
- The practice had local prescribing formulary to ensure prescribing was in line with best practice guidance.
- Reviews, searches and audits linked to patient safety alerts were not completed.
- Reviews in relation to patients prescribed high risk medicines were not always completed in accordance with best practice guidance.

### 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 99% of the total number of points available.

Data from 2015/16 showed:

- Performance for diabetes related indicators was better compared to the national average. For example, 85% of those diagnosed with diabetes had a blood test to assess diabetes control (looking at how blood sugar levels have been averaging over recent weeks) compared to the national average of 78%. The practice had exception reported 16% of patients eligible for this specific clinical indicator, which was 6% above the local average and 3% above the national average.
- Performance for mental health related indicators was better compared to the national average. For example, 92% of those with a diagnosis of schizophrenia, bipolar

affective disorder or other had a comprehensive and agreed care plan in place, compared to 89%. The practice had exception reported 23% of patients eligible for this specific clinical indicator, which was 4% above the local average and 11% above the national average.

- 92% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to the national average of 84%. The practice had exception reported 11% of patients eligible for this specific clinical indicator, which was 0.1% above the local average and 4% above the national average.

Before our inspection, we reviewed data to show the practice exception reporting was higher than the national average for most clinical indicators in 2015/16. The overall clinical exception rate for the practice was 15.7%, which was 5.7% above the local average and 5.9% above the national average. (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). For example:

- 28% of patients eligible for an asthma review in the preceding 12 months that included an assessment of asthma control using the three Royal College of Physicians (RCP) questions were excepted compared to the CCG average of 12% and national average of 8%.
- 86% of patients eligible to be referred to a structured education programme within nine months after entry onto the diabetes register were excepted compared to the CCG average of 28% and national average of 23%.

At the time of the inspection, the practice told us they were unaware of the high exception rates and reviewed this data after our inspection. We were provided with information after the inspection to show this information was correct and that patients had been recorded as informed dissent for the reason to exception report. This meant the practice had contacted the patient three times by written invitation, however the patient had either not responded or advised the practice they did not wish to attend. The local CCG had also offered to review the processes in relation to exception reporting to identify any areas for improvement following our inspection.

Several disease prevalence rates were significantly below CCG and national averages, this included asthma, atrial fibrillation, chronic kidney disease, chronic obstructive pulmonary disease, dementia, heart failure, hypertension,

# Are services effective?

## (for example, treatment is effective)

learning disability, osteoporosis, palliative care, rheumatoid arthritis, secondary prevention of coronary heart disease and stroke and transient ischaemic attack. The practice were aware some of the disease prevalence rates were low and had arranged for an external company to come into the practice in January 2017 to review and identify patients for inclusion on the appropriate registers.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, two of which were completed cycle audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an annual audit had been carried out since 2013 regarding combined oral contraception pill and the risks known in specific patient groups. The audits showed a decrease in the number of women prescribed combined oral contraception pill within the specific patient groups with particular risks and encouraged discussions with patients about alternatives.
- The practice participated in local audits and peer review.

### 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.
- A locum induction pack was given to all new locum GPs which included information on the practice systems and processes. For example, how to complete an urgent referral.
- 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, discussion at practice meetings and annual refresher training.
- 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, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

- Staff had access to e-learning training modules and in-house training, which included: safeguarding, fire safety awareness, basic life support and information governance. However, we noted that there were some gaps in mandatory training which had been discussed at practice meetings. An external person had been sought to carry out fire safety awareness training in November 2016, however these had been cancelled due to unforeseen circumstances and rebooked for February 2017. The practice was able to show evidence that fire safety awareness had been discussed internally during a practice meeting in December 2015.
- GP trainees were provided with weekly tutorials and debrief at the end of each clinical session.

### 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.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Medical secretaries monitored referrals sent to other services to ensure patients received an appointment; this included urgent referrals for two-week waits.
- Patients identified as high risk, including at risk of hospital admissions, had care plans in place which were reviewed every three months.
- Not all clinical mail was reviewed by a clinician to ensure the appropriate action was taken to amend patients care and treatment. The practice was unable to demonstrate what guidance was in place for administrative staff to review clinical mail and take appropriate action. This included, for instance, to ensure patients with a new diagnosis following a hospital appointment were added to the appropriate disease register.

Staff told us they worked with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan

# Are services effective?

## (for example, treatment is effective)

ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We were told meetings took place with other health care professionals on a regular basis including with palliative care nurses and health visitors. This was to review care plans and ensure updates were provided for patients with complex needs. However, clinical staff confirmed notes were not taken from these meetings therefore, we were unable to see who attended the meetings and what was discussed.

### 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.
- Consent forms were in place for minor surgery services and a completed copy was kept in the patient record. Information was given to patients' before minor procedures took place to inform them of the benefits and risks.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to the relevant service. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation.
- The practice also offered smoking cessation clinics for those patients wanting support to quit smoking.
- Diet and lifestyle advice was given to patients on an ad hoc basis during appointments with GPs and nurses.
- The practice offered Zumba classes to patients to encourage a healthier lifestyle and exercise. The practice hired a room in a local community centre and was able to offer classes for up to 30 patients.

The practice's uptake for the cervical screening programme was 61%, which was lower than the CCG average of 74% and the national average of 74%. The practice were aware of the low uptake and publicised the service in patient waiting areas. The practice had a large Eastern European population who did not attend for these appointments and the practice made arrangements to ensure letters were sent to the patients which had been translated into the relevant language. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged patients to attend national screening programmes for bowel and breast cancer screening. However, data from the national cancer intelligence network evidence the uptake was low for the percentage of women aged between 50 and 70 who had been screened for breast cancer within six months of invitation. The practice had an uptake of 25% compared to the CCG average of 73% and national average of 73%. The practice were unable to provide an explanation regarding the low uptake.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages for those given to under two year olds but lower than CCG and national averages for those given to five year olds. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 95% and five year olds from 68% to 86%. CCG averages ranged from 90% to 97% for vaccinations given to under two year olds and 87% to 95% for those given to five year olds. National averages ranged from 73% to 95% for vaccinations given to under two year olds and 81% to 95% for those given to five year olds. The practice were aware of this and informed us this was due to a large Eastern European population who did not attend for these appointments.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, annual health checks for patients with learning disabilities 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 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Patients said the practice nurses, in particular, were very considerate and respectful during appointments.

We spoke with two 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.

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

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

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

Patients told us they felt listened to by staff and that relevant information they needed was provided to them.

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:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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

- The practice employed three translators who also worked in administration. Alternative translation services were also available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

### 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 167 patients as

## Are services caring?

carers (1.6% of the practice list). Written information was available to direct carers to the various avenues of support available to them, including adult social care and independent living teams.

Staff told us that if families had suffered bereavement this was discussed within the practice. However, there was no system in place to make contact with the family to see if they required support either by the practice or by an appropriate 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.

- There were arrangements in place to ensure patients with no fixed abode could be seen by a GP or nurse, as appropriate.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. This included phlebotomy services to ensure appropriate blood tests were taken for monitoring of specific medical conditions.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice offered online facilities, including to book appointments and to order repeat prescriptions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- A midwife attended the practice on a weekly basis to provide antenatal services.
- There were disabled facilities, a hearing loop and translation services available.
- One of the GPs was accredited to provide minor surgery services under an Any Qualified Provider (AQP) contract with the local clinical commissioning group. A consultant from a local hospital also provided minor surgery services under this contract at the practice and provided clinical oversight. Services provided under this contract would normally be provided by secondary care providers. These services included carpal tunnel decompression, vasectomy and removal of ganglions.
- Referrals were made to the relevant services to provide additional support for patients, including smoking cessation, counselling, addiction and citizens advice.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available from 8am

throughout the day. Extended hours appointments were offered between 6.30pm and 8pm on Mondays and Tuesdays, which included appointments with practice nurses as well as GPs. In addition to pre-bookable appointments that could be booked up to three 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 varied compared to local and national averages.

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 79%.
- 70% of patients described their experience of making an appointment as good compared to the CCG average of 67% and national average of 73%.
- 63% of patients said they could get through easily to the practice by phone compared to the CCG average of 61% and national average of 73%.
- 79% of patients said the last appointment they got was convenient compared to the CCG average of 92% and national average of 92%.

Nine comment cards that we received said they had difficulty in getting an appointment and getting through to the practice by telephone. The last internal patient survey completed in January 2016 also demonstrated that 56% of those that completed the survey had difficulties in booking an appointment. The partners had recruited additional GPs over the year to improve access to the practice and a further GP was to start employment in six weeks.

We reviewed the appointment system on the day. On the day appointments were available from 8am on a daily basis, the next pre-bookable appointment available to see a GP was in three weeks' time, the next pre-bookable appointment to see an advanced nurse practitioner was in 12 days' time and the next available appointment for a blood test was in five days' time.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

# Are services responsive to people's needs?

(for example, to feedback?)

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 an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was two designated responsible persons who handled complaints in the practice.

- We saw that information was available to help patients understand the complaints system, including a complaints form.

The practice had received 28 complaints since April 2016, which included written and verbal complaints. We looked at the most recent complaints received and found these were dealt with in a timely way, an apology was given where appropriate and actions taken to prevent the same thing from happening were also provided to the complainant. Lessons were learnt from individual concerns and complaints and discussed at practice meetings. The practice also completed a summary of complaints and the learning and actions taken as a result.

# Are services well-led?

Inadequate 

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

## Our findings

### Vision and strategy

The practice told us they had a vision to deliver quality care and focus on patient needs and education. The practice had a strategy in place to deliver their vision, which included recruiting an additional GP partner who was to start in six weeks and also to recruit an advanced nurse practitioner.

However, we found evidence during the inspection to show there were no realistic plans to achieve quality care and to ensure patients remained safe.

### Governance arrangements

The practice had a clinical governance policy in place to support the delivery of quality care, which included patient experience, clinical audit and evidence based treatment. However, there were aspects of the clinical governance policy that were not adhered to.

- 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, however we found not all policies were adhered to. This included the safety alert policy and recruitment policy.
- The practice held regular partners meetings which discussed rotas to patient needs' were met, vacancies and authorised new and revised policies and protocols. We also noted new partners were required to provide an update with regards to the appropriate Disclosure and Barring Service checks to enable them to be added as a partner with the Care Quality Commission.
- The practice informed us they attended multidisciplinary meetings including with palliative care nurses and health visitors, however staff confirmed records of the minutes were not kept. Therefore, we were unable to see what discussions took place or who attended the meetings.
- The practice carried out some clinical and internal audit to monitor quality and to make improvements.
- Arrangements were in place to identify, record and manage risks, issues and implement mitigating actions. However, reviews, searches and audits linked to patient

safety alerts were not completed and reviews in relation to patients prescribed high risk medicines were not always completed in accordance with best practice guidance.

### Leadership and culture

We found clinical leaders were not aware of what was happening during all day-to-day services and there was a lack of clinical oversight for aspects of the service. However, when we fed back our concerns on the day of inspection, the senior partner in the practice demonstrated they had the willingness to run the practice and to take appropriate steps to ensure patients remained safe.

The provider was aware of 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). We saw reference to a policy specific to the duty of candour which the practice had reviewed and agreed to be circulated to staff, however we were unable to review this policy and the significant events policy did not reflect the requirements under duty of candour. However, we saw evidence that when things went wrong with care and treatment:

- The practice supported affected people and provided an explanation as well as a verbal or written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Regular practice meetings were held which discussed significant events, infection control, training and the community surgery service provided by the practice.
- Staff told us they felt supported by the GPs and that the GPs and practice manager were visible and approachable.

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

The practice encouraged and valued feedback from patients, the public and staff. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.

- The PPG met on a quarterly basis and the meeting was chaired by a staff member from the practice. Members of the PPG told us they worked with the practice to

# Are services well-led?

Inadequate 

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

design an internal patient survey which was carried out on an annual basis. The practice discussed service updates with the PPG including new staff members and any known issues, for example accessing the practice by telephone. Members of the group were asked at each meeting if they had anything to raise and were able to discuss and suggest improvements to the practice.

- The practice had gathered patient feedback in relation to the community surgery service they provided, which had received a 100% patient satisfaction rate.
- The practice gathered feedback from staff generally through staff meetings, appraisals and general discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not ensure all appropriate recruitment checks was available in relation to employed persons, specifically:</p> <p>Not all information specified in schedule 3 was available, specific to satisfactory information relevant to any physical or mental health conditions.</p> <p>This was in breach of regulation 19(2)(a)(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

## Enforcement actions

### 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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did do all that was reasonably practicable to assess, monitor, manager and mitigate risks to the health and safety of service users.</p> <p>Patient safety alerts, including medicine alerts were not reviewed to ensure patients care and treatment was appropriate.</p> <p>Patients prescribed high risk medicines were not always monitored in line with best practice guidance.</p> <p>Uncollected prescriptions were not brought to the attention of a GP.</p> <p>There was no system in place to monitor the use of prescription forms and pads.</p> <p>Clinical mail was not reviewed by an appropriate clinician.</p> <p>New medicines were added to patient records without a check by an appropriate clinician for interactions and reconciliation.</p>

This section is primarily information for the provider

## Enforcement actions

This was in breach of regulation 12(1)(2)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### **How the regulation was not being met:**

The registered person did not do all that was reasonably practicable to ensure all appropriate systems or processes were in place and that they were operated effectively.

Systems and processes were not in place to review patient safety alerts and ensure patients prescribed high risk medicines were monitored appropriately.

There was no process to bring uncollected prescriptions to the attention of a GP.

There was system in place to monitor the use of prescription forms and pads.

The system in place to review clinical mail and to add new medicines did not ensure risks to patients health, safety and welfare were reviewed and acted on as appropriate.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.