

# College Road Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at College Road Surgery on 18 February 2016. The practice was rated as inadequate for providing safe, effective, caring, responsive and well-led services. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report on the February 2016 inspection can be found by selecting the 'all reports' link for College Road Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 17 November 2016. Overall the practice is now rated as requires improvement.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.

- 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; although some said that staff could be dismissive and they did not always feel 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 difficult to make an appointment with a GP of their choice but urgent appointments were available the same day.
- The practice had good facilities and was 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.

We saw one area of outstanding practice:

# Summary of findings

The practice had a large number on non- English speakers on their practice list. In order to ensure that patients understood the consent questions that they were asked, the practice provided audio recordings of these consent questions. These questions were provided in the four main languages used by patients; Urdu, Punjabi, Hindi and Polish.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Continue to review processes to ensure patients with long term conditions receive the best care.
- Continue to review and improve the uptake of childhood immunisations and national screening programmes.
- Continue to review and improve patient satisfaction.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

**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 good for providing safe services.

Following our previous inspection in February 2016 the practice had made significant improvements in areas relating to significant events, safeguarding, prescription security, correspondence handling, equipment to deal with emergencies, assessment and management of risks to patients.

At the inspection on 17 November 2016, we found:

- There was an effective system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received support, truthful information, a verbal and written apology. Patients were told about any actions to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Incoming correspondence was appropriately managed and actioned.
- Blank prescription forms were no longer stored in unsecured areas.
- Emergency medicines were available on site and the oxygen cylinder was stored appropriately.
- Risks to patients were assessed and well managed. All appropriate building safety checks and risk assessments had been completed and there were clear action plans in place to implement mitigating actions that were identified.

Good



### Are services effective?

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

Following our previous inspection in February 2016 the practice had made improvements in areas relating to quality improvement, training and communication. Although it was too early to tell whether outcomes for quality improvement would continue to improve to be in line with local and national averages.

At the inspection on 17 November 2016, we found:

Requires improvement



# Summary of findings

- Data from the Quality and Outcomes Framework 2015/16 showed patient outcomes were comparable with the local and national averages. Exception reporting was still higher than the local and national averages but it was lower than the previous year.
- Guidance from the National Institute for Health and Care Excellence was disseminated to appropriate staff and discussed at staff meetings.
- The practice had started to implement a programme of clinical audits.
- Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.
- Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. This included adult and child safeguarding, Mental Capacity Act 2005 and fire safety.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared.

## Are services caring?

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

Following our previous inspection in February 2016 the practice had made significant improvements in areas relating to the way information was provided to patients.

In addition, at the inspection on 17 November 2016, we found:

- Data from the National GP Patient Survey has shown some improvement in patient satisfaction although it is too early to tell whether this will continue to improve as data has not been published for the period since our February inspection.
- The majority of patients that we received feedback from said they were treated with compassion, dignity and respect and said they felt cared for, supported and listened to.
- Information for patients about the services was available in multiple languages and in an easy read format.

**Requires improvement**



## Are services responsive to people's needs?

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

**Requires improvement**



# Summary of findings

Following our previous inspection in February 2016 the practice had made significant improvements in areas relating to complaints handling, engagement with patients about their views on the practice, and access to GP appointments.

At the inspection on 17 November 2016, we found:

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. Information about how to complain was available and easy to understand and evidence showed the practice responded to issues raised in a timely manner. There was a system, with a designated member of staff who was the complaints lead, to ensure that all complaints were investigated and learning from complaints was shared with staff and other stakeholders.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice had been working with the patient participation group and the local mosque.
- Feedback from patients reported that the practice had improved although some patients told us they still had difficulty accessing their preferred GP. At our previous inspection there was not a clear timetable of when each GP would be at the practice and a high number of sessions were covered by locums. Since our last inspection the practice had given GPs permanent sessions at the practice and was recruiting for another GP. This had improved access to preferred GPs and continuity of care.
- The practice had good facilities and was equipped to treat patients and meet their needs.

## Are services well-led?

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

Following our previous inspection in February 2016 the practice had made significant improvements in areas relating to the leadership, culture and governance arrangements within the practice.

In addition, at the inspection on 17 November 2016, we found:

- There was now 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.

**Good**



# Summary of findings

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a 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 in place for knowing about 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. There was an active patient participation group.

In June 2016 the practice was issued with a Care Quality Commission report which highlighted four regulatory breaches relating to the privacy of service users, safe care and treatment, receiving and acting on complaints and good governance. This report also identified that no registered manager was in place and that this process must be completed. We found all the actions had been completed at the inspection on the 17 November 2016. The practice had responded positively to the report compiled by the commission, where action was required, for example, they had implemented effective risk assessment and actions and were trying new methods to engage with their patient population.

# 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

Our inspection in February 2016 identified issues which resulted in the practice being rated inadequate overall. This affected all patients including this population group and the practice was rated as inadequate for the care of older people.

At the inspection in November 2017 we saw significant improvement and the practice is now rated good for providing safe and well led services and requires improvement for providing effective, caring and responsive services. This affected all patients including this population group and the practice is rated as requires improvement for the care of older people.

- The practice offered personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

**Requires improvement**



### People with long term conditions

Our inspection in February 2016 identified issues which resulted in the practice being rated inadequate overall. This affected all patients including this population group and the practice was rated as inadequate for the care of people with long term conditions.

At the inspection in November 2017 we saw significant improvement and the practice is now rated good for providing safe and well led services and requires improvement for providing effective, caring and responsive services. This affected all patients including this population group and the practice is rated as requires improvement for the care of people with long term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice was performing in line with the local and national averages for QOF clinical indicators. However exception reporting was still higher than CCG and national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and patients were invited to attend the practice for a structured annual review to check that their health and care needs were being met.

**Requires improvement**





# Summary of findings

## Families, children and young people

Our inspection in February 2016 identified issues which resulted in the practice being rated inadequate overall. This affected all patients including this population group and the practice was rated as inadequate for the care of families, children and young people.

At the inspection in November 2017 we saw significant improvement and the practice is now rated good for providing safe and well led services and requires improvement for providing effective, caring and responsive services. This affected all patients including this population group and the practice is rated as requires improvement for the care of families, children and young people.

- Immunisation rates were mixed for standard childhood immunisations; immunisation rates for children up to two years old were lower than the local average but for children aged five years old they were comparable to the local and national average.
- Appointments were available outside of school hours. The practice had tried to optimise the space to make access easier for patients with pushchairs or babies. For example; a space has been created in the waiting room where pushchairs can be left and a portable changing mat was available for patient use.
- The practice recorded that 68% of eligible women had a cervical screening test performed in the preceding 5 years. This was lower than the local average of 80% and national average of 82% although the practice showed us evidence that they were encouraging eligible women to attend for screening.

Requires improvement



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

Our inspection in February 2016 identified issues which resulted in the practice being rated inadequate overall. This affected all patients including this population group and the practice was rated as inadequate for the care of working age people.

At the inspection in November 2017 we saw significant improvement and the practice is now rated good for providing safe and well led services and requires improvement for providing effective, caring and responsive services. This affected all patients including this population group and the practice is rated as requires improvement for the care of working age people.

- The practice offered extended hours appointments two evenings a week until 7.30pm for patients who found it difficult to attend during normal surgery hours.

Requires improvement



# Summary of findings

- The practice offered online services and electronic prescribing service as well as a full range of health promotion and screening that reflected the needs for this age group.

## People whose circumstances may make them vulnerable

Our inspection in February 2016 identified issues which resulted in the practice being rated inadequate overall. This affected all patients including this population group and the practice was rated as inadequate for the care of people whose circumstances may make them vulnerable.

At the inspection in November 2017 we saw significant improvement and the practice is now rated good for providing safe and well led services and requires improvement for providing effective, caring and responsive services. This affected all patients including this population group and the practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

- It had carried out annual health checks for people with a learning disability.
- Staff we spoke with told us they had some pictorial cards that they could use to help communicate with patients, they had patient information available in multiple languages and offered independent translators.
- Staff we spoke with told us that there was a protocol in place to allow patients with no fixed address to be registered or to be seen at the practice.
- All staff we spoke with demonstrated a clear understanding of patient consent and the practice had consent statements written in different languages and in an audible form for several languages commonly used by the patient population.

Requires improvement



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

Our inspection in February 2016 identified issues which resulted in the practice being rated inadequate overall. This affected all patients including this population group and the practice was rated as inadequate for the care of people experiencing poor mental health.

At the inspection in November 2017 we saw significant improvement and the practice is now rated good for providing safe and well led services and requires improvement for providing effective, caring and responsive services. This affected all patients including this population group and the practice is rated as requires improvement for the care of people experiencing poor mental health.

Requires improvement



# Summary of findings

- The practice carried out advance care planning for patients with dementia, and in appropriate cases this was shared with other local services such as the ambulance service.
- Clinical staff we spoke with had a good understanding of how to support patients with mental health needs and dementia and had completed training regarding the Mental Capacity Act 2005.
- There was a system in place to handle incoming correspondence including letters from accident and emergency (A&E) which allowed clinicians to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- All staff we spoke with demonstrated a clear understanding of patient consent.

# Summary of findings

## What people who use the service say

The national GP patient survey results published July 2016 showed the practice performance has improved since the results published in January 2016, although were still worse than local and national averages in some areas. The results published in June were based on data collected between July and September 2015 and January and March 2016, which was mostly prior to our previous inspection. It is too early to tell from the patient survey results whether the changes that the practice has made will improve patient satisfaction.

- 46% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 67% and the national average of 73%.
- 45% 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 76% and the national average of 76%.
- 59% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.

- 44% 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 80% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received ten comment cards of which nine were positive about the standard of care received. The other card referred to a GP consultation that the patient was not satisfied with where they felt their medicines had been prescribed without appropriate checks. Patients said that they thought the service had improved and staff were caring, respectful, helpful and polite.

We spoke with three patients during the inspection and one member of the patient participation group. The patients we spoke to told us that some staff were very nice and helpful but some were dismissive or harsh.

# College Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a second CQC inspector, a GP specialist adviser, a practice manager specialist advisor and a patient expert.

## Background to College Road Surgery

College Road Surgery is based in the Maybury area of Woking. The surgery building is a converted residential property. The practice is part of the Glenlyn Medical Centre which consists of three practices in total. College Road Surgery is a small practice and at the time of our inspection there were approximately 3,400 patients on the practice list.

The practice has three doctors and one nurse practitioner. They are supported by a practice nurse, a health care assistant, reception and administration staff and a practice manager. The practice is also supported by the management and clinical teams from Glenlyn Medical Centre.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours appointments are offered between 6.30pm and 7.30pm on a Wednesday and Thursday evening. Patients requiring a GP outside of the normal surgery hours are advised to call NHS 111 where they will be directed to the most appropriate out of hours service.

The practice holds a Personal Medical Services (PMS) contract and offers enhanced services, for example various immunisation schemes.

The service is provided at the following location:-

College Road Surgery

4-6 College Road

Woking

Surrey

GU22 8BT

The practice population has higher number than average of patients from birth to 39 years, particularly birth to 14 years and 25 to 35 years. The practice has a lower number than average of patients over 40 years. The practice has a slightly lower than average percentage of patients with long standing health conditions and a higher number than average of unemployed patients. The practice area is more deprived than others in the locality; people living in more deprived areas tend to have a greater need for health services.

The practice was first inspected in February 2016 and we identified breaches in the regulations relating to safeguarding, cleanliness and infection control and assessing and monitoring the quality of service provision. Following this comprehensive inspection the practice was given an overall inadequate rating and a decision was made to place the practice in special measures.

The practice was rated inadequate in the safe, efficient, caring, responsive and well-led domains. In addition, all six population groups were rated as inadequate.

This inspection was carried out to consider if all regulatory breaches identified in the February 2016 inspection had been addressed and to consider whether sufficient improvements had been made.

# Detailed findings

At our previous inspection in February 2016 we found that there was no registered manager in post, this process has now been completed and there is a registered manager in post.

## Why we carried out this inspection

We undertook a comprehensive inspection of College Road Surgery on 18 February 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe, effective, caring, responsive and well led services and was placed into special measures for a period of six months.

We also issued four warning notices to the provider in respect of confidentiality and privacy, safe care and treatment, complaints and good governance and informed them that they must become compliant with the law by 2 May 2016. The full comprehensive report on the February 2016 inspection can be found by selecting the 'all reports' link for College Road Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a further announced comprehensive inspection of College Road Surgery on 17 November 2016. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

## 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. This included information from North West Surrey Clinical Commissioning Group (CCG) and NHS England.

Following the February 2016 inspection we asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting.

Before visiting on 17 November 2016 the practice confirmed they had taken the actions detailed in their action plan.

We carried out an announced visit on 17 November 2016.

During our visit we:

- Spoke with a range of staff (GPs, nurse practitioner, health care assistant, practice manager and administration/reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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

At our previous inspection on 18 February 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of shared learning from significant events, risk assessments and building safety checks, staff training and infection control were not adequate.

We issued a warning notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 17 November 2016. The practice is now rated as good for providing safe services.

### Safe track record and learning

At our inspection in February 2016 we found that not all significant events were recorded, investigated thoroughly or learning shared with appropriate members of staff in order to support improvement

When we inspected in November 2016 we saw evidence that there was an improved process for reporting and recording significant events. There was a lead member of staff who maintained an overview and central log of significant events. We saw evidence of meeting minutes which demonstrated shared learning from significant events both with staff in the practice and with the other practices within the Glenlyn Medical Centre to support improvement of safety within the practice. Staff we spoke with told us that they understood their responsibilities for reporting significant events and they were aware of learning from previous significant events that had occurred since our inspection in February 2016.

### Overview of safety systems and process

At our inspection in February 2016 we found that there was not a clear protocol for dealing with incoming correspondence and it was not always being appropriately actioned. There were also large quantities of computer printable prescription forms in unlocked rooms.

When we inspected in November 2016 we found that a clear protocol had been implemented for staff handling incoming correspondence to ensure that it was actioned appropriately. Staff we spoke with described the system clearly and we looked at ten medical records and found they were up to date with changes to medications received in correspondence from the hospital.

We also saw that there was a system to ensure blank prescription paper was stored securely.

### Monitoring risks to patients

When we inspected in February 2016 we found that the practice did not have all necessary risk assessments in place. Mitigating actions from those risk assessments which had been carried out had not all been completed and there was no clear action plan to complete these. We noted that one GP had not completed their fire safety training.

Some patients we spoke with also told us that they did not think there was sufficient GP cover.

At our inspection in November 2016 we saw that all necessary risk assessments had been completed. There were clear plans in place and a member of staff who was responsible for ensuring all mitigating actions were completed within the recommended timescales. The practice had established a monthly audit of risk assessments to ensure that they were up to date and actions were completed. We also looked at training records and found that all staff including GPs had completed fire safety training.

We saw evidence that the GP rota has been amended to ensure that there was a GP available for appointments with patients every weekday and for providing support to the nursing team. Also we noted where possible GPs were on site on regular days to help maintain continuity of care.

### Arrangements to deal with emergencies and major incidents

When we inspected in February 2016 we found that the oxygen cylinder was stored inappropriately and the practice did not have all the emergency medicines on site that the GPs thought were available. Some of the staff we spoke with were not confident that they knew how to operate the defibrillator.

At our inspection in November 2016 we saw evidence that a new system had been put in place for checking the emergency medicines. There was a designated member of staff responsible for this and we saw records of regular checks. We noted that all of the emergency medicines that the GPs thought were available on site were on site. We also saw that the oxygen cylinder was being stored

## Are services safe?

appropriately and the area where it was stored was clearly labelled. All staff had now received basic life support training and staff we spoke with told us they had also received training in how to operate the defibrillator.



# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 18 February 2016, we rated the practice as inadequate for providing effective services as the arrangements in respect of clinical audits, multi-disciplinary working, care of patients with long term conditions and uptake for national screening programmes were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 17 November 2016. The provider is now rated as good for providing effective services.

### Effective needs assessment

Staff we spoke with told us they 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.

When we inspected in February 2016 we found that the practice was not monitoring that these guidelines were followed and did not provide any evidence that they had been disseminating the guidance to appropriate staff. At this inspection in November 2016 we saw meeting minutes which showed this guidance was discussed or disseminated to appropriate staff. Staff told us information sent to them about changes to local pathways and safety alerts from the practice. This information was also updated regularly in the locum pack which was provided to locum GPs working in the practice.

### 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). At our inspection in February the most recent published results were 93% for 2014/2015 and the practice was not an outlier for any QoF clinical targets. In November 2016 the most recently published results were 96% of the total number of points for 2015/2016 and the practice was comparable to other practice for all QoF clinical targets except one atrial

fibrillation indicator where 100% of eligible patients were being treated with anti-coagulation drug therapy compared to a CCG average of 85% and a national average of 87%.

At our February 2016 inspection we noted that clinical exception reporting was significantly higher than national average (practice 24%, national average 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 most recently published QOF results show that exception reporting for the clinical indicators has decreased to 17% although this is still above the CCG average of 10% and the national average of 10%.

The most recent published results are for 2015/2016 and were based on data collected between April 2015 and March 2016, which was mostly prior to our previous inspection. It is too early to tell from the QOF whether the changes that the practice has made will improve exception reporting, for example phoning patients rather than writing to them.

At our inspection in February 2016 the practice told us that they had not carried out any clinical audits in the previous year. In November 2016 we saw evidence that an audit programme was being put in place and we saw two first cycle audits which are scheduled to be repeated. Audit results were shared between all three practices in the Glenlyn Medical Centre.

### Effective staffing

At the February 2016 inspection we found that not all staff had received training in safeguarding, fire procedures, basic life support or information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. We looked at the training records of five staff and saw that except one GP they had completed fire safety training.

When we inspected in November 2016 we spoke with staff and looked at the training records of all staff and GPs working in the practice. We found that all training had been completed in accordance with practice policy.

### Coordinating patient care and information sharing

When we inspected the practice in February 2016 we found that patient information was only available in English although for the majority of the patients English was not

# Are services effective?

## (for example, treatment is effective)

there first language. At our inspection in November 2016 we found that patient information leaflets and posters were available in multiple languages including Urdu which was the primary language spoken by patients.

At our inspection in February 2016 the practice did not provide evidence of multi-disciplinary meetings or care plans. When we inspected in November 2016 we saw evidence of care plans being routinely used and reviewed and the practice told us that they did not currently have any patients that required multi-disciplinary meetings but they did have a protocol in place should these become appropriate for any patients.

### Consent to care and treatment

During our inspection in February 2016 were found:

- GPs and the advanced nurse practitioner we spoke with understood the relevant consent and decision-making requirements of legislation and guidance however other staff did not. The practice were not able to provide evidence that appropriate staff including GPs had completed formal training with regard to the Mental Capacity Act 2005 and staff we spoke with were not able to demonstrate they understood the requirements of the act.
- 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 advanced nurse practitioner assessed the patient's capacity and recorded the outcome of the assessment. However some clinical staff that we spoke could not demonstrate an understanding of who could give consent.
- The practice consent policy was not sufficient to ensure that patients understood what they were giving consent to.

At our inspection in November 2016 we found;

- We looked at training records and saw evidence that all appropriate staff had completed training regarding the Mental Capacity Act 2005; we also spoke with staff who all demonstrated they understood the requirements of the act.
- We spoke to a range of clinical staff and they demonstrated a clear understanding of consent.
- The practice had updated their practice policy and put in place practical options to ensure that patients were

able to understand and give informed consent. The practice now provided copies of written consent in Urdu, Hindi and Polish. The practice had also added audio recordings of consent questions in Urdu, Hindi, Punjabi and Polish to the computers in each clinical room which enabled the clinicians to ensure that the patient they were treating understood the consent they were giving. Clinicians we spoke demonstrated that they had learnt the common words for yes and no in these languages to ensure that they understand the answers that patients had given.

### Supporting patients to live healthier lives

During our inspection in February 2016 we noted that the practice's uptake for the cervical screening programme was 69%, which was worse than the national average of 82% and childhood immunisation rates for the vaccinations given were mixed compared to CCG averages.

When we inspected in November 2016 we found the practice's uptake for the cervical screening programme was 68% which was still lower than the national average of 81% and the CCG average 80%. The results were also lower than national and CCG averages for breast cancer screening (practice 60%, national average 72%) and bowel cancer screening (practice 29%, national average 58%). The practice did show us evidence that they were trying to increase uptake of national screening programmes two of the patients we spoke with told us that the practice did invite them or encourage them to participate in national screening programmes. The practice was also working with the patient participation group and the local mosque to try to increase uptake. The most recently published figures available to CQC when we inspected were based on data collected between April 2015 and March 2016 which was mostly before our first inspection. It was too early to tell whether the changes the practice have put in place will result in increased uptake but unverified data the practice showed us indicates that uptake for cervical screening is increasing.

At our inspection in November 2016 we found that childhood immunisation rates for the vaccinations given were still mixed compared to CCG averages. For children up to two the practice only achieved the 90% target in one out of the four indicators but in five year old children the results were comparable to CCG and national averages. However this was based on data collected between April 2015 and March 2016 which was mostly before our inspection in

# Are services effective?

(for example, treatment is effective)

February 2016. The practice showed us how they were trying to encourage uptake and had also asked the local mosque for advice, but it is too early to see what effect this will have on uptake figures.

# Are services caring?

## Our findings

At our previous inspection on 18 February 2016, we rated the practice as inadequate for providing caring services as data from the national GP patient survey rated the practice lower than others for many aspects of care, patients told us that they did not all feel cared for, supported or listened to and not everyone would be able to access information about the services available as it was only available in English despite there being a large number of Urdu speaking patients.

We issued a warning notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 17 November 2016. The practice is now rated as good for caring services.

### Kindness, dignity, respect and compassion

During our inspection in February 2016 we observed members of staff were helpful to patients, however people's privacy, dignity and confidentiality was not always respected. Results from the national GP patient survey showed the practice was significantly below local and national averages for its satisfaction scores on consultations with GPs and nurses. The results showed that people did not feel cared for and feedback about interactions with staff was negative.

At our inspection in November 2016 we found that the practice had addressed these concerns by ensuring that the doors to all clinical rooms closed properly to prevent them accidentally opening during consultations. Also a fire door had been fitted between reception and the waiting room and music was played in the waiting room to reduce the likelihood of conversations in reception being overheard.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received ten comment cards of which nine were positive about the standard of care received. The other card referred to a GP consultation that the patient was not satisfied with where they felt they medicines had been prescribed without appropriate checks. Patients said that they thought the service had improved and staff were caring, respectful, helpful and polite.

We spoke with three patients during the inspection and one member of the patient participation group. The patients we spoke to told us that some staff were very nice and helpful but some were dismissive or harsh.

The national GP patient survey results published July 2016 showed the practice performance has improved since the results published in January 2016, although were still worse than local and national averages in some areas. The results published in June were based on data collected between July and September 2015 and January and March 2016, which was mostly prior to our previous inspection. It was too early to tell from the patient survey results whether the changes that the practice has made will continue to improve patient satisfaction.

- 74% (previously 64%) of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89% and national average of 89%.
- 72% (previously 63%) of patients said the GP gave them enough time (CCG average 86% and national average 87%).
- 78% (previously 83%) of patients said they had confidence and trust in the last GP they saw (CCG average 93% and national average 92%).
- 65% (previously 60%) of patients said the last GP they spoke with was good at treating them with care and concern (CCG average 86% and national average 85%).
- 72% (previously 62%) of patients said the last nurse they spoke with was good at treating them with care and concern (CCG average 91% and national average 91%).
- 67% (previously 56%) of patients said they found the receptionists at the practice helpful (CCG average 84% and national average 87%).

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

At our inspection in February we found that results from the national GP patient survey showed patients responded negatively to questions about their involvement in planning and making decisions about their care and treatment. Results were significantly worse than local and national averages. We also found that due to the language barrier patients do not always know or understand what is going to happen to them during their care. The language barrier and results from the national GP survey show patients are not always involved in their own care or treatment. Patients' preferences and choices were not

## Are services caring?

always heard or acted on due to the language barrier and lack of independent translations and we observed that some staff were judgmental or dismissive of people using their services or those close to them. Patients' basic needs were not always met.

During our inspection in November 2016 we saw that the national GP patient survey results showed improvement although still lower than local and national averages. The most recent results published in June were based on data collected between July and September 2015 and January and March 2016, which was mostly prior to our previous inspection. It was too early to tell from the patient survey results whether the changes that the practice has made will continue to improve patient satisfaction.

- 68% (previously 61%) of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 84% and national average of 87%.
- 58% (previously 56%) said the last GP they saw was good at involving them in decisions about their care (CCG average 82% and national average 82%).
- 61% (previously 55%) said the last nurse they saw was good at involving them in decisions about their care (CCG average 84% and national average 85%).

During our inspection in February 2016 staff told us that they routinely use friends and family to translate for patients who did not have English as a first language however, translation services were available if required. At

our inspection in November 2016 we staff we spoke with told us that they encouraged the use of independent translators and all staff were aware of how to arrange an independent translator. There was a non-clinical member of staff who was on site four days a week, who was identified as an Urdu advocate who was fluent in Urdu and could help translate. Also several members of the reception team spoke languages that were commonly used by the patient population including Urdu, Punjabi and Bengali and were all trained as chaperones.

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

When we inspected the practice in February 2016 we noted that patient information leaflets and posters in the waiting room were only available in English, as was the written information to direct carers to the various avenues of support available to them.

At the inspection in November 2016 we saw that there was patient information available in multiple languages and easy read format. The posters and leaflets in the waiting room were also tailored for the patient group, for example there was information about the vaccines required before travel for Hajj (an Islamic pilgrimage to Mecca).

The practice had identified 46 carers, including one young carer, which was just over 1% of the practice list. The practice provided information for carers in multiple languages.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 18 February 2016, we rated the practice as inadequate for providing responsive services as data from the national GP patient survey rated the practice much lower than others for how they could access care and treatment, there were limited facilities for disabled patients and mothers with babies, patients told us that they found it difficult to get pre-bookable appointment and the arrangements in respect of recording, investigating and learning from significant events and complaints were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 17 November 2016. The practice is now rated as good for providing responsive services.

### Responding to and meeting people's needs

When we inspected the practice in February 2016 we found that there were limited facilities for disabled patients and mothers and babies. At our inspection in November 2016 we found the practice had completed an assessment of the facilities available for disabled patients and mothers and babies. The practice provided a portable changing mat for baby changing and found a private room for mothers who wished to change or feed their babies. The assessment found that due to structural restrictions they were not able to change the disabled toilet facilities but they were looking at options to install grab rails and a method for raising an alarm should a patient require help. Staff we spoke to were also aware of ways that they could assist blind or partially sighted patients, and leaflets were available in an easy read format.

### Access to the service

At our inspection in February 2016 results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was much worse than local and national averages. During our inspection in November 2016 we saw that the national GP patient survey results showed improvement although still lower than local and national averages. The most recent results published

in June were based on data collected between July and September 2015 and January and March 2016, which was mostly prior to our previous inspection. It is too early to tell from the patient survey results whether the changes that the practice has made will continue to improve patient satisfaction. The practice had also made changes to the way the GP rotas were structured which meant that access to patients GP of choice and pre-bookable appointments were improving. This was supported by the comment cards and patients we spoke with.

- 55% (previously 45%) of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 73% and national average of 76%.
- 46% (previously 33%) of patients said they could get through easily to the surgery by phone (CCG average 67% and national average 73%).
- 18% (previously 16%) of patients said they usually get to see or speak to the GP they prefer (CCG average 54% and national average 60%).

### Listening and learning from concerns and complaints

When we inspected the practice in February 2016 we found that not all complaints were dealt with satisfactorily or in a timely way, we also noted that learning from complaints was not shared widely enough to support improvement in the quality of care.

During our inspection in November 2016 we saw that the complaints procedure had been reviewed and updated. We looked at the complaint that had been received since our previous inspection. We found that it had been dealt with satisfactorily, in a timely way and there was openness and transparency with dealing with the complaint. The investigation had been well documented and we saw minutes of staff meetings where the lessons were learnt from concerns and complaints were shared appropriately to improve the quality of care. We also saw evidence that the practice were regularly reviewing patient comments on the NHS Choices web site and using these as part of their analysis of trends to ensure appropriate action was taken to improve the quality of care.



# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 18 February 2016, we rated the practice as inadequate for providing well-led services as there was no vision or strategy for the practice, no overarching governance structure and no clear leadership arrangements.

We issued a warning notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 17 November 2016. The practice is now rated as good for being well-led.

### Vision and strategy

At our inspection in February 2016 we found the practice did not have a clear vision to deliver high quality care and promote good outcomes for patients. There were no realistic plans to achieve the vision values and strategy for patients. The vision and values we saw were around development of new premises. Staff did not understand how their role contributed to achieving the strategy and were unclear about management roles and who had the authority to make decisions. There was also no effective system for identifying, capturing and managing risks and issues.

When we inspected in November 2016 we found that there was a clear vision with values that the staff engaged with. Staff we spoke with felt they were an important part of the practice delivering high quality care suitable for their patient population and that the practice worked well together as a team. We saw that there were clear roles and responsibilities defined with lead members of staff and a clear management structure which staff we spoke with told us they understood.

We also saw evidence that the practice had introduced monthly risk audits to ensure that risks were identified and managed.

### Governance arrangements

When we inspected in February 2016 we found that there was not a comprehensive understanding of the performance of the practice and no audits had been carried out in the last year. We also found that there were limited arrangements in place for identifying and managing risks.

During our inspection we saw evidence that the practice had started to implement a clinical audit programme in conjunction with the other two practices in the Glenlyn Medical Centre. We also saw evidence that all health and safety risk assessments had been completed and the practice had introduced monthly risk audits to ensure that risks were identified and managed.

### Leadership and culture

At our inspection in February 2016 we found that the partners were out of touch with what is happening during day-to-day services and there were no clear leadership roles. We also found that quality and safety were not the top priority for leadership and there were no regular team or staff meetings.

When we inspected in November 2016 we found that the partners were actively involved with the management of the practice and met regularly with the office manager. The management responsibilities were now shared across the three sites with support for College Road being provided by the whole management team. The office manager attended management meetings with the managers from the Glenlyn Medical Centre. Clinical support was provided by the clinicians from the other sites where required. We saw minutes from staff meetings which included discussions about significant events where learning was shared with appropriate staff to support improvement. We also saw evidence that learning was being shared across the three sites in the Glenlyn Medical Centre to support improvement across all sites.

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

At our inspection in February 2016 we found that there was little interaction or cooperation between teams and the practice has not responded to what people who use the service had said.

During our inspection in November 2016 staff we spoke with told us that the practice now operated well as a team, there was evidence of staff meetings and clear interaction between teams. We also saw evidence that the practice was trying to interact more with their patients and the public. The patient participation group (PPG) had become more active and engaged with the practice and together with the practice were interacting more with the community. For example; they had approached the Imam at the local mosque for advice on certain topics including

# Are services well-led?

Good 

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

whether the influenza vaccine was suitable for Muslim patients. At the time of our visit the practice was running a patient survey which had been developed in conjunction with the PPG. We also saw evidence that the practice had made the complaints process clearer for patients, including providing information in other languages.

## Continuous improvement

Since our last inspection in February 2016 the practice has been working with the CCG and NHS England to improve the quality of leadership and care provided by the practice. The practice has started a programme of clinical audit to monitor and improve care.