

# Wellington Medical Practice

## 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?	<b>Requires improvement</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Good</b>	
Are services well-led?	<b>Requires improvement</b>	

# 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 Wellington Medical Practice on 8 December 2015. Overall the practice is rated as requires improvement.

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.

Our key findings were as follows:

- Staff knew how to and understood the need to raise concerns and report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and acted upon.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks and the lack a comprehensive business continuity plan.

- Best practice guidance was used to assess patients' needs and plan and deliver their care.
- The majority of patients spoken with said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice operated a GP triage system for appointments. All patients were offered a telephone consultation and appointments were made as required, often on the same day. Patients had mixed views about the appointment system, and several patients commented that it could be difficult to contact the practice by telephone when the practice opened in the morning.
- Information about services and how to complain was easy to understand but not readily available as patients had to ask for the practice leaflet.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- The practice had a number of policies and procedures to govern activity, but some of these were not dated or include a review date.
- There was a clear leadership structure and staff felt supported by management.
- The practice did not proactively seek feedback from patients and did not have a patient participation group, although there were plans to develop this in the near future.

We saw several areas of outstanding practice including:

- The practice had introduced a process to follow up on children under the age of 16 years who did not attend hospital appointments. The practice contacted the parent/guardian by telephone or letter to invite them to an appointment to discuss the reason for nonattendance. Those families who did not respond were referred to the health visitor or school nurse to follow up.

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

Importantly, the provider must:

- Ensure that all necessary pre-employment checks are obtained and appropriate evidence kept on file.
- Ensure there are systems in place to assess, monitor and improve the quality and safety of the service.

In addition the provider should:

- Carry out periodic fire drills to ensure staff know how to follow the fire evacuation procedure.
- Introduce a system to check that any abnormal results are discussed with patients and appropriate action taken.
- Ensure that staff appraisals are up to date and carried out annually.
- Make information about how to make a complaint easily accessible to patients and introduce a system to record verbal/informal complaints.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services. There was a system in place for reporting, recording, monitoring and reviewing significant events, Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, not all staff had received safeguarding training relevant to the role or to the required level, records did not support that all the necessary employment checks had been obtained before staff started their employment, systems weren't in place to ensure the GPs and nurses remain registered and the practice did not have a comprehensive business continuity plan. There were enough staff to keep patients safe.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were average for the locality. Staff referred to guidance from National Institute for Health and Care Excellence and used it routinely. There was a GP lead who oversaw any changes to guidelines. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. We saw that not all staff had received training appropriate to their roles, for example fire safety training and health and safety training.

We saw that the practice did not have a robust system in place for ensuring patients with abnormal results were followed up. Patients were asked to make an appointment to come in to discuss their results, however a system was not in place to ensure they attended. The practice worked closely with the multidisciplinary care team to review the care of patients with complex needs or end of life care. The practice took part in the admission avoidance scheme and reviewed discharge information and contacted patients to discuss their admission and discharge and to ensure they had everything in place that they required, for example changes to medication.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients said that the majority of staff were caring and supportive and

Good



# Summary of findings

treated them with dignity and respect. Patients recognised that the reception staff were extremely busy and this could affect how they responded to patients. The majority of patients said the GPs and nurses listened and responded to their needs and they were involved in decisions about their care. Systems were in place to support carers and patients to cope emotionally with their health condition. Information to help patients understand the services available was easy to understand. We saw that staff were respectful and polite when dealing with patients, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice offered a telephone triage system. Patients telephoned the practice and gave brief details of why they needed an appointment to the receptionist. Patients were contacted by a GP and either given telephone advice or invited in for a face to face appointment. Patients expressed mixed views about the appointment system. Some patients thought it was difficult to get an appointment, especially for adults. The issues raised were that it was difficult to get through on the telephone and then it was the GP's decision whether patients were seen or not. Patients told us they may not been seen the same day depending on what time they were called back, although babies and children were always offered a same day appointment.

The practice had good facilities and was well equipped to treat people and meet their needs. Information about how to complain was easy to understand. However practice specific information was not display or included in the practice booklet or on the website but was available on request from reception.

Good



## Are services well-led?

The practice is rated as requires improvement for being well-led. The practice had a clear vision to try to offer patients the best possible service by working to a set of values and principles agreed by the staff and patients. However, not all staff were aware of the practice's vision. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedure to govern activity, but some did not have dates when they were written or review dates. Although regular meetings to discuss performance took place these were not minuted. The practice did not proactively seek feedback from patients and did not have a patient participation group, although there were plans to develop this in the near future.

Requires improvement



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice was rated as requires improvement in safe and well led and good in the domains of effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in end of life care and avoidance of unplanned admissions. It was responsive to the needs of older people and offered home visits as required. The practice identified if patients were also carers and offered opportunistic health checks and advice.

**Requires improvement**



### People with long term conditions

The practice was rated as requires improvement in safe and well led and good in the domains of effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

We found that the nursing staff had the knowledge, skills and competency to respond to the needs of patients with a long term condition such as diabetes and asthma. The practice maintained registers of patients with long term conditions and all of these patients were offered a review to check that their health and medication needs were being met. The practice reviewed the most vulnerable of the practice population who were at risk of admission to hospital. For those people with the most complex needs, the GPs worked with relevant health and social care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



### Families, children and young people

The practice was rated as requires improvement in safe and well led and good in the domains of effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were systems in place to identify and follow up children who were at risk, for example families with children in need or on children protection plans. Appointments were available outside of school hours and the premises were suitable for children and babies. Same day emergency appointments were available for

**Requires improvement**



# Summary of findings

children. There were screening and vaccination programmes in place and the immunisation rates were comparable or above the local Clinical Commissioning Group average. A family planning service was available.

The practice had introduced a process to follow up on children under the age of 16 years who did not attend hospital appointments.

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

The practice was rated as requires improvement in safe and well led and good in the domains of effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. A range of on-line services were available, including medication requests, booking appointments and access to health medical records. The practice offered extended hours with the GP or a member of the nursing team between 6.30pm and 9pm one evening a week. The practice offered all patients aged 40 to 75 years old a health check with the nursing team. The practice offered a full range of health promotion and screening that reflects the needs for this age group.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The practice was rated as requires improvement in safe and well led and good in the domains of effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Longer appointments were available for patients with additional needs, for example patients with a hearing impairment who needed to attend with their sign interpreter or patients with a learning disability. The practice held a register of patients with a learning disability and offered a named GP service. The practice carried out annual health checks and had reviewed 11% of patients on the register.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

**Requires improvement**



# Summary of findings

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

The practice was rated as requires improvement in safe and well led and good in the domains of effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held registers of patients with poor mental health and dementia and staff were alerted to this when accessing the patient's notes electronically. Patients experiencing poor mental health were offered an annual physical health check. The practice had carried out a medication review on 57% of patients on the register, and 82% had had their care plans reviewed. Memory clinics for patients were held on site and practice worked closely with the memory clinic co-ordinator. The practice had reviewed 63% of patients who were on the dementia register.

**Requires improvement**





# Summary of findings

## What people who use the service say

We spoke with ten patients during the inspection and collected six Care Quality Commission (CQC) comment cards. Patients said that the majority of staff were caring and supportive and treated them with dignity and respect. Patients recognised that the reception staff were extremely busy and this could affect how they responded to patients. The majority of patients said the GPs and nurses listened and responded to their needs and they were involved in decisions about their care. Similar comments were made on the comment cards.

Data from the national GP patient survey results published in July 2015 from 126 responses related to patients comments about how they were treated and whether this was with compassion, dignity and respect was lower than local Clinical Commissioning Group (CCG) and national averages for example:

- 78.3% said the GP was good at listening to them compared to the CCG average of 87.2% and national average of 88.6%.
- 76.6% said the GP gave them enough time compared to the CCG average of 85.9% and national average of 86.6%.
- 87.3% said they had confidence and trust in the last GP they saw compared to the CCG average of 93.7% and national average of 95.2%
- 74.5% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83.1% and national average of 85.1%.

- 80.8% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90.3% and national average of 90.4%.
- 81.2% patients said they found the receptionists at the practice helpful compared to the CCG average of 87.1% and national average of 86.8%.

Results from the national GP patient survey we reviewed showed the data related to patients involvement in planning and making decisions about their care and treatment and results were below the local Clinical Commissioning Group (CCG) and national average. For example:

- 79% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 72.2% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79.1% and national average of 81.4%.
- 86.2% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 88.9% and national average of 89.6%.
- 76% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 84.8%.

## Areas for improvement

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

Ensure that all necessary pre-employment checks are obtained and appropriate evidence kept on file.

Ensure there are systems in place to assess, monitor and improve the quality and safety of the service.

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

Carry out periodic fire drills to ensure staff know how to follow the fire evacuation procedure.

Introduce a system to check that any abnormal results are discussed with patients and appropriate action taken.

Ensure that staff appraisals are up to date and carried out annually.

Make information about how to make a complaint easily accessible to patients and introduce a system to record verbal/informal complaints.

# Summary of findings

## Outstanding practice

The practice had introduced a process to follow up on children under the age of 16 years who did not attend hospital appointments. The practice contacted the

parent/guardian by telephone or letter to invite them to an appointment to discuss the reason for nonattendance. Those families who did not respond were referred to the health visitor or school nurse to follow up.

# Wellington Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, A Practice Manager specialist advisor and an Expert by Experience.

## Background to Wellington Medical Practice

Wellington Medical Practice is situated in Wellington, Telford. It is part of the NHS Telford and Wrekin Clinical Commissioning Group. At the time of our inspection there were 14520 patients on the patient list. The practice had a greater percentage of their practice population over the age of 50 years than the national average.

A team of four GP partners (all male), two associate GPs (one male and one female), an advanced nurse practitioner, a nurse practitioner, three practice nurses and two health care assistant provide care and treatment to the practice population. They are supported by a managing partner and team of administration and reception staff. The practice is open from 8.30am until 6pm from Monday to Friday. The practice offers a telephone triage system. Patients are required to telephone the practice and leave brief details with the receptionist. Each patient is contacted by a GP and either given telephone advice or invited in for a face to face appointment with a GP or the nurse practitioners. Extended hours appointments are available with a GP or a member of the nursing team between 6.30pm and 9pm every Tuesday and these appointments are pre bookable either by telephone or online.

Patients requiring a GP outside of normal working hours are advised to contact the practice and the telephone is

automatically diverted to the Out of Hours Service, which is Shropdoc. The practice has a GMS (General Medical Services) contract and also offers enhanced services for example: various immunisation schemes and avoiding unplanned admissions.

The practice is a teaching practice for medical students and a training practice for GP Registrars. GP Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

## Detailed findings

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

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

Before visiting the practice we reviewed information we held and asked key stakeholders to share what they knew about the practice. We did not receive any information from key stakeholders. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced visit on 8 December 2015.

We spoke with a range of staff including the GPs, the nurse manager, the nurse practitioner and health care assistants, the Managing Partner and members of reception and administration staff during our visit. We looked at comment cards and reviewed survey information and results for the NHS Friends and Family Test.

# Are services safe?

## Our findings

### Safe track record

The practice had a system in place for reporting, recording and monitoring significant events and near misses. There was a system in place for recording significant events. Staff told us they were encouraged to report any significant events and near misses and were aware of the process for doing so. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Significant events were categorised according to type, for example medication errors or clinical issues and discussed at the monthly meetings, which any member of staff could attend. Lessons were shared between the GPs and staff to make sure action was taken to improve safety in the practice.

### Learning and improvement from safety incidents

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding children and vulnerable adults who had received appropriate training (Level 3). Staff spoken with demonstrated they understood their responsibilities. However, training records demonstrated that not all staff had received training relevant to their role or to the required level.
- The practice held registers for children at risk, and children with protection plans were identified on the electronic patient record. The nurse practitioners described situations when they had identified and raised concerns with either social services or the health visitors. The practice held bi-monthly meetings with the health visitor and school nurse, where they discussed children on the register and shared any concerns. The practice had introduced a process to follow up on children under the age of 16 years who did not attend hospital appointments. The practice contacted the parent/guardian by telephone or letter to invite them to

an appointment to discuss the reason for nonattendance. Those families who did not respond were referred to the health visitor or school nurse to follow up.

- A chaperone policy was available to all staff, although this did not make reference to where the chaperone should stand. Members of the nursing team acted as chaperones if required and notices in the waiting room advised patients the service was available should they need it. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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). Staff told us that if they acted as a chaperone they recorded it on the electronic patient record.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The advanced nurse practitioner was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training, including hand washing techniques. An infection control audit had been undertaken in September 2015 by the local Clinical Commissioning Group (CCG) as well as an internal audit. Action had been taken to address any issues.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice was supported by the local Clinical Commissioning Group (CCG) medicine management team and used an electronic software system to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. The nurse manager was also a member of the CCG Medicines Safety Group.
- We reviewed three staff files and found not all of the appropriate recruitment checks had been undertaken prior to employment. For example, none of the files had verification of the reason their employment in work with children or vulnerable adults ended, proof of identity or relevant information about any physical or mental health conditions which are relevant to the person's ability to carry out the role, and one file did not contain

## Are services safe?

any information relating to employment history. Although registration with the appropriate professional body had been checked at the time of employment, this was not recorded and a system was not in place to ensure the GPs and nurses remained registered.

### Monitoring Risks to Patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments, although the last fire drill occurred in April 2014. Training records showed that not all staff had attended fire training. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health, infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice management recognised that the clinical staffing team needed to

increase in order to continue to meet the needs and demands of patients. There was a rota system in place for all grades of staff. Administrative staff worked additional hours to cover holidays and sickness.

### Arrangements to deal with emergencies and major incidents

There were systems in place in the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and clinical staff had received anaphylaxis (allergic reaction) training. The practice had a defibrillator available and oxygen with adult and children's masks. Emergency medicines were easily accessible to staff in a secure areas of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice did not have a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The managing partner told us they would update the business continuity plan following the inspection.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. Electronic chronic disease management templates were available for use by all clinical staff.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record. For example, patients on the 'at risk' register, learning disabilities and palliative care register. The practice took part in the admission avoidance scheme. All patients on the admission avoidance register were reviewed on discharge following admission to hospital or accident and emergency to ensure they had everything in place that they required, for example changes to medication.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against the national screening programmes to monitor outcomes for patients. The practice achieved 95.4% of the total number of QOF points available with 4.3% exception reporting for all domains. The results were above the local Clinical Commissioning Group (CCG) average of 91.9% and national average (94.2%). The practice was an outlier for the percentage of patients aged 65 and older who have received a seasonal flu vaccination (01/09/2013 to 31/01/2014). As a consequence the practice used the electronic system to highlight eligible patients and proactively offered the vaccination at appointments if patients had not attended flu clinic. Data from 2014 - 2015 showed:

- Performance for diabetes related indicators was comparable to other local practices and similar to or above the national average.

- The percentage of patients with hypertension whose blood pressure was within the recommended range was comparable to other local practices (81.93%) and similar to the national average (83.65%).
- The dementia diagnosis rate was comparable to other local practices (67.74%) although below the national average (84%).

The practice had recognised that the dementia diagnosis was below the national average and had introduced an in house memory clinic in conjunction with the local Memory Clinic team, to facilitate rapid access to assessment of memory issue and dementia diagnosis.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. We saw a record of audits going back to 2012. We reviewed six clinical audits carried out since 2012, five of which were completed two cycle audits. One of the audits looked at the prescribing of a particular pain killer where the improvements made were implemented and monitored. The first audit cycle identified that 56 of 57 patients received the medication without exceeding the maximum dose and in a 2 or 3 times a day dosage. Sixteen of these patients (71.9%) were receiving prescriptions that could be more cost effectively prescribed. The audit was carried out again after three months and showed a slight improvement in cost effective prescribing. A further audit carried out in 2014 showed a further improvement in cost effective prescribing (96%).

We saw that the practice did not have a robust system in place for ensuring patients with abnormal results were followed up. Although patients were asked to make an appointment to come in to discuss their results, as a system was not in place to ensure they attended.

### Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that staff were not up to date with training. The records showed that staff had not received fire safety training and not all staff were up to date with health and safety training or safeguarding training.

The learning needs of staff were identified through appraisals, discussions and meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing



# Are services effective?

## (for example, treatment is effective)

support during clinical sessions, bi monthly protected learning time either in house or organised by the CCG, and facilitation and support for the revalidation of doctors and nurses. Staff told us they were supported to develop their skills. One member of staff told us they had been supported to attend training on ear syringing, heart tracing and injections. However, we saw that staff were last appraised between 15 and 18 months ago.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when patients were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patient's needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred, or after they are discharged from hospital. Information was shared with the local out of hours service so they were aware of the patient's wishes and treatment choices when the practice was closed. The practice held multidisciplinary team meetings monthly to discuss the needs of complex patients, for example those with end of life care needs or on the admission avoidance scheme. The practitioner reviewed all discharge letters for patients on the admission avoidance scheme and contacted the patient to discuss their admission and discharge and to ensure they had everything in place that they required, for example changes to medication. The practice also met bi-monthly with the health visitor and school nurse.

### Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear, nursing staff requested that the patient's

capacity was assessed by the GP. The practice told us that 63% of the patients identified on the dementia register had received an annual review (11/2014 – 11/2015). Clinical staff had received training on the Mental Capacity Act.

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition (disease prevention) and those requiring advice on their diet and smoking cessation. The practice offered in house smoking cessation support, and 83% of patients identified as smokers had received advice, and less than 1% had stopped smoking.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81.4% which was similar to the national average of 81.8%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice follows up non attendees by telephone, letter and text messaging.

Childhood immunisation rates for the vaccinations given were comparable to the national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91.7% to 99.3% and five year olds from 91.4% and 95.4%. Weekly baby clinics were held at the practice when mothers and babies could be seen by the GP and the practice nurse. Flu vaccination rates for the over 65s were 64.03% which was below the national average of 73.24% and for at risk groups 48.79%, which was comparable to other practice but below the national average (57.55%).

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

Patients told us they had received information regarding their long term condition or healthy lifestyle. One patient told us they when they were diagnosed with diabetes they were given information about the Expert Patients Programme. The Expert Patients Programme (EPP) is a self-management programme for people living with a long-term (chronic) condition.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous, approachable and helpful to patients attending at the reception desk and that people were treated with dignity and respect.

We spoke with ten patients during the inspection and collected six Care Quality Commission (CQC) comment cards. Patients had mixed views about the service they experienced. Patients said that the majority of staff were caring and supportive and treated them with dignity and respect. Patients recognised that the reception staff were extremely busy and this could affect how they responded to patients. The majority of patients said the GPs and nurses listened and responded to their needs and they were involved in decisions about their care. Similar comments were made on the comment cards.

Consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.

Data from the national GP patient survey results published in July 2015 from 126 responses related to patients comments about how they were treated and whether this was with compassion, dignity and respect was lower than local Clinical Commissioning Group (CCG) and national averages for example:

- 78.3% said the GP was good at listening to them compared to the CCG average of 87.2% and national average of 88.6%.
- 76.6% said the GP gave them enough time compared to the CCG average of 85.9% and national average of 86.6%.
- 87.3% said they had confidence and trust in the last GP they saw compared to the CCG average of 93.7% and national average of 95.2%
- 74.5% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83.1% and national average of 85.1%.

- 80.8% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90.3% and national average of 90.4%.
- 81.2% patients said they found the receptionists at the practice helpful compared to the CCG average of 87.1% and national average of 86.8%.

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

The majority of patients we spoke with told us that they felt informed and involved in the decisions about their care and treatment. However, one patient told us they weren't given a choice of which hospital they were referred to. Another patient told us that when they received their test results over the telephone, there was no explanation or discussion regarding the results or any reassurance given. The majority of patients told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey we reviewed showed the data related to patients involvement in planning and making decisions about their care and treatment and results were below the local Clinical Commissioning Group (CCG) and national average. For example:

- 79% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 72.2% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79.1% and national average of 81.4%.
- 86.2% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 88.9% and national average of 89.6%.
- 76% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 84.8%.

Staff told us that translation services were available for patients who did not have English as a first language. One GP spoke several languages and staff told us that a section of the practice population preferred to speak with this GP rather than use the translation service.

## Are services caring?

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

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

The practice's computer system alerted GPs if a patient was also a carer. Patients were encouraged to complete carer consent forms to aid communication. Patients who were carers were identified on their own records as well as on the notes of the person who they provided care for.

Staff told us that if families had suffered bereavement, their usual GP may contact them by telephone or visit them. If required they would also be offered follow up care. Patients could access bereavement services if required. One patient told us they had asked for emotional support and an appropriate referral had been made.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice was actively engaged with the local Clinical Commissioning Group (CCG) and therefore involved in shaping local services.

The services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care.

- Home visits were offered to patients who were unable to or too ill to visit the practice.
- The practice provided twice weekly clinics with the same GP at one of the local care home and there were plans to extend this to another local care home.
- The practice provided clinical care for patients admitted as part of the hospital admission avoidance scheme or short term care following hospital discharge to CCG commissioned beds in local two care homes. These patients were allocated a named GP for continuity of care.
- Extended hours were offered with a GP and member of the nursing team on Tuesday evenings.
- All patients who contacted the practice received a telephone call from the GP on the same day and the majority were offered a same day appointment.
- All patients on the admission avoidance register were reviewed on discharge following admission to hospital or accident and emergency. These patients were given a dedicated telephone number so they could contact the practice without having to go through the main telephone number.
- The practice engaged with the health trainers from the Healthy Lifestyle Hub, a service commissioned by the local Clinical Commissioning Group (CCG). The health trainers worked with patients to make changes to their lifestyle to assist with the management of their long term condition.
- The practice had introduced an in house memory clinic in conjunction with the local Memory Clinic, to facilitate rapid access to assessment of memory issue and dementia diagnosis.
- There were disabled facilities and translation services available. Longer appointments were available for

patients with additional needs, for example patients with a hearing impairment who needed to attend with their sign interpreter. One of the GPs spoke a number of different languages.

### Access to the service

The practice was open from 8.30am until 6pm from Monday to Friday. The practice offered a telephone triage system. Patients were required to telephone the practice and leave brief details with the receptionist. All patients were contacted by a GP before either being offered a face to face appointment with a GP or the nurse practitioners or given telephone advice. Extended hours appointments were available with a GP or a member of the nursing team between 6.30pm and 9pm every Tuesday and these appointments were pre bookable either by telephone or online.

Patients expressed mixed views about the appointment system. Some patients thought it was difficult to get an appointment, especially for adults. The issues raised were that it was difficult to get through on the telephone and then it was the GP's decision whether patients were seen or not. Patients told us they may not have been seen the same day depending on what time they were called back, although babies and children were always offered a same day appointment. Patients thought it would be very difficult to book a routine appointment with a GP or didn't know if these were available. One patient commented via the Care Quality Commission (CQC) comment card that there had been an improvement and it was now easier to get an appointment through the GP call back system.

The practice had received feedback via the NHS Friends and Family Test. Comments were mixed and included being seen the same day, and the service was fast and efficient through to difficult to get an appointment with doctors and difficulties getting through on the telephones.

Results from the national GP patient survey reflected comments made by patients. The survey showed that patients' satisfaction with how they could access care and treatment was below the local Clinical Commissioning Group (CCG) and national averages. For example:

- 69.4% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.3% and national average of 73.8%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 53% patients said they could get through easily to the surgery by phone compared to the CCG average of 71.2% and national average of 73.3%.
- 48.1% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73.3%.
- 57.4% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 67.7% and national average of 64.8%.

The practice recognised that the appointment system did not suit all patients and had tried to mitigate this by offering the extended hours where patients could pre book appointments. Reception staff also recorded a suitable time to call back for patients who were at work.

### **Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated person who handled all complaints in the practice.

General information on how to complain about services, included contact details for Patient Advice and Liaison Services (PALs) was on display in the lobby area. Practice specific information was not display or included in the practice booklet or on the website but was available on request from reception. Five out of seven patients who were asked told us they did not know how to make a complaint or had seen any information about making a complaint. None of the patients we spoke with said they had raised a complaint with the practice.

The practice had received five complaints since April 2015. We were unable to see examples of the complaints process in action as four of these complaints had been received via the NHS Commissioning Support Unit (CSU) and the practice had been asked to provide a statement as part of the investigation. Records relating to the complaint received by the practice had been archived. The managing partner told us that reception staff tried to resolve any verbal / informal complaints as they arose. However these informal complaints were not recorded.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice's mission statement was to try to offer patients the best possible service by working to a set of values and principles agreed by the staff and patients. The values and principles which guided the practice were patient – centred, quality, premises, ethical and innovation. However, discussion with staff demonstrated a limited appreciation of the practice's vision and strategy.

The practice management recognised that the clinical staffing team needed to increase in order to continue to meet the needs and demands of patients. A long term local GP and locum advanced nurse practitioner (ANP) had been employed to provide additional clinical hours. The practice was looking to recruit an additional GP and part time ANP.

### Governance arrangements

The practice did not have an effective overarching governance framework which supported the delivery of good quality care. For example:

- Although practice specific policies were in place and available to all staff, not all of them were dated or had review dates.
- Data relating to the Quality and Outcomes Framework was reviewed informally on a weekly basis. However, these meetings were not recorded or action plans developed to address any identified issues.
- Staff training was not effectively monitored to ensure staff received and were up to date with training appropriate to their role (including fire training) and to the required level.
- The practice had not reviewed the results from the national GP survey or the Friends and Family Test or developed an action plan to address the issues identified.
- The practice did not have a comprehensive business continuity plan in place for major incidents.
- The practice did not have a system in place to ensure that GPs and nurses remained registered with their professional bodies.

However, a number of governance arrangements were in place. For example:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- A system for reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of events actively took place.
- A system of continuous audit cycles which demonstrated an improvement in outcomes for patients took place.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure good quality care. The GP Partners and Managing Partner were visible in the practice and staff told us they were approachable and they felt able to raise any issues or ask for help and support. The partners encouraged a culture of openness and honesty.

The clinical lead and nurse manager had been supported to complete leadership courses. The nurse manager told us they thought the course had prepared them for the role of nurse manager and in particular, the role of coaching staff. They said the Managing Partner had been very supportive in assisting them to develop into the role of nurse manager.

Staff told us that regular team meetings were held and minutes of meetings were made available to all staff. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported.

The practice staff told us they worked well together as a team and there was evidence that staff were supported to attend training appropriate to their roles. The GPs were involved in revalidation, appraisal schemes and continuing professional development. There was evidence that staff had learnt from incidents and there was evidence of shared learning between staff.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice did not have an established Patient Participation Group (PPG). PPGs are a way for patients and

# Are services well-led?

Requires improvement 

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

GP practices to work together to improve the service and to promote and improve the quality of the care. There were plans in place to develop a PPG and 50 patients had expressed an interest in becoming members.

The practice received feedback through the NHS Friends and Family Test. Although the results were collated they were not shared with patients. The practice had not reviewed the results from the national GP survey or the Friends and Family Test and had not developed an action plan to address the issues identified.

The practice gathered feedback from staff via annual appraisals, staff meetings and discussion. The practice was also a teaching practice for medical students and a training practice for GP registrars. We looked at the feedback from the medical students, which was positive about their experience at the practice.

## Innovation

The practice provided a minor surgery service and had expanded its capacity to carry out this service by the creation of an additional treatment room and by developing the advanced nurse practitioner's (ANP) skills. The ANP had attended an appropriate training course and had been assessed as competent to carry out minor surgery.

The practice had introduced a process to follow up on children under the age of 16 years who did not attend hospital appointments. The practice contacted the parent/guardian by telephone or letter to invite them to an appointment to discuss the reason for nonattendance. Those families who did not respond were referred to the health visitor or school nurse to follow up.

## 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>People using the service were not protected against the risks of inappropriate or unsafe care and treatment because the required information as outlined Regulation 19 and Schedule 3 (Information Required in Respect of Persons Seeking to Carry On, Manage Or Work For The Purposes of Carrying On, A Regulated Activity) was not recorded.</p> <p>The practice had not obtained verification of the reason the person's employment in work with children or vulnerable adults ended, proof of identity, relevant information about any physical or mental health conditions which are relevant to the person's ability to carry out the role, or an employment history.</p> <p>Regulation 19(3)(a)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>People using the service were not protected against the risks of inappropriate or unsafe care and treatment because of the lack of systems and processes in place to assess, monitor and improve the quality and safety of the service.</p> <p>Not all of the practice policies were dated or had review dates recorded.</p> <p>Minutes of meetings to discuss data relating to the Quality and Outcomes Framework were not recorded or action plans developed to address any identified issues.</p>

## Requirement notices

Staff training was not effectively monitored to ensure staff received and were up to date with training appropriate to their role (including fire training) and to the required level.

There were no formalised systems in place for checking staff registration with their professional bodies.

The results from the national GP survey and the Friends and Family Test had not been reviewed or an action plan developed to address the issues identified.

The practice did not have a comprehensive business continuity plan in place for major incidents.

Regulation 17(1) (2)(a)(b)(d)(i)(ii)(f)