

# Dr Lindsay Smith

## Quality Report

Westlake Surgery  
High Street  
West Coker  
Yeovil  
Somerset  
BA22 9AH

Tel: 01935 862212

Website: [www.westlakesurgery.nhs.uk](http://www.westlakesurgery.nhs.uk)

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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?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



# 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 Dr Lindsay Smith on 23 November 2016. Overall the practice is rated as requires improvement. The practice is rated as requires improvement for providing safe and effective services. The well led domain is rated as inadequate due to issues concerning overarching governance arrangements. The practice is rated as good for providing caring and responsive services.

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

- Dr Smith supported around 1,800 patients and was one of two practices based in the shared Westlake Surgery premises. On 1 October 2016 the other individual provider in the premises retired and Dr Smith took on their patients. Westlake Surgery now supports approximately 3,900 patients and continues to operate the dispensary on site.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.

- Risks to patients were assessed and managed, with the exception of those relating to some aspects of medicines management, staff training, record keeping and risk assessment for legionella.
- Although some clinical audits had been carried out, there was no evidence that audits were driving improvements to patient outcomes.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review or were not in place at the time of inspection.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management.

The areas where the provider must make improvement are:

# Summary of findings

- Ensure that staff receive and have a record of appropriate training relevant to their role including up to date training in safeguarding adults, basic life support, fire safety and infection control.
- Ensure there are effective arrangements in place to assess, monitor, manage and mitigate risks in respect of health and safety. These arrangements should also include systems for addressing Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts, reviewing patient's medicines, the risk assessment of legionella and having in place a comprehensive business continuity plan.
- Ensure the arrangements for engaging patients with a learning disability and those diagnosed with a mental health condition are implemented to ensure they have the appropriate care and support and attend annual reviews.

- Ensure systems are in place to assess, monitor and improve the quality and safety of the service, including those for up to date record keeping, including for staff training and for recording significant events consistently and completing all actions; for a rolling programme quality improvement, such as clinical audits; and for engaging with patients, such as through a patient participation group.

The areas where the provider should make improvement are:

- Review arrangements to identify and support carers.

**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.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, the system used for recording significant events and that actions were completed was not consistently implemented.
- When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Although risks to patients were assessed, some systems to address these risks were not implemented well enough to ensure patients were kept safe. For example, we found the medicine reviews were not up to date for all patients; and arrangements for safety alerts did not ensure patient safety. The practice did not have a legionella risk assessment or a business continuity plan in place; and there were gaps in the records of staff recruitment and training.

Requires improvement



### Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. However, we found some patients who had a learning disability or who had a mental health condition had not received a review of their health or care.
- There was no evidence that audit was driving quality improvement. Two clinical audits had been carried out in the last 12 months but were not full cycle audits and did not demonstrate improved outcomes for patients.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all staff. However, not all staff had a record of up to date training relevant to their roles and responsibilities. For example, there was little or no record of staff training in infection control, basic life support, fire safety and safeguarding adults.

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Inadequate



- The practice had a vision and a strategy that was still in development on the day on inspection due to the recent merger on 1 October 2016. At the time of inspection not all staff were aware of this and their responsibilities in relation to it. Following the inspection, the practice provided a copy of the updated vision statement and told us this was being shared with staff at a whole practice meeting.
- The practice encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents, however, this was not implemented well enough to ensure information was shared with all relevant staff and that appropriate action was taken.

The practice had a number of policies and procedures to govern activity, but some of these could not be located on the day of inspection and we saw some were overdue for review. The practice did not have a business continuity plan or legionella risk assessment. There were inadequate arrangements for record

# Summary of findings

keeping, including for staff training and; for recording significant events consistently and completely; for a rolling programme quality improvement, such as clinical audits; and for engaging with patients, such as through a patient participation group.

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

- Staff were able to recognise the signs of abuse in older people and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The dispensary delivered medicines to older people who were unable to collect it from the practice and dispensed medicines in blister packs when required.
- The practice did not consistently carry out structured annual medicine reviews for all patients, including some older patients who had been added to the surgery list following the recent merger. We saw evidence that this was being addressed with priority given to patients on the highest risk medicines.
- Elderly carers were offered timely and appropriate support. For example, we saw that carers packs were available and contained information that signposted carers to external support systems. Due the recent practice merger the provider should review arrangements to identify and support carers who may be new patients to the practice.

**Requires improvement**



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.

**Requires improvement**



# Summary of findings

All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- Performance for cervical screening For example, 78% of women aged 25 to 64 years had a record of a cervical screening test performed in the last 5 years, compared with the CCG average of 77% and the national average of 76%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- Immunisation rates for the standard childhood immunisations were in line with local and national averages. For example, immunisation rates for under two year olds were above local and national averages; and immunisation rates for up to five year olds were in line with the national averages, ranging from 57% to 96% compared with the clinical commissioning group and national averages that ranged from 70% to 98%.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

**Requires improvement**



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

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

- 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.
- Although the practice offered extended opening hours for appointments from Monday to Friday, patients could not book appointments or order repeat prescriptions online.

**Requires improvement**





# Summary of findings

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. However, some patients with a learning disability had not received an annual review of their care plan.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement



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

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

- Performance for mental health related indicators was better than clinical commissioning group (CCG) and national averages. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months, compared with the CCG average of 60% and the national average of 88%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. However, we found some patients who had a learning disability or a mental health condition, who were registered with the practice following the merger, had not received a review of their health or care in the last 12 months.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 211 survey forms were distributed and 111 were returned. This represented 7% of the practice's patient list prior to the merger in October 2016.

- 97% of patients found it easy to get through to this practice by phone compared with the national average of 73%.
- 97% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the national average of 76%.

- 98% of patients described the overall experience of this GP practice as good compared with the national average of 85%.
- 95% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received sixty one comment cards which were all positive about the standard of care received. Two patients had given ratings of five stars out of five and provided positive comments via the NHS Choices website.

# Dr Lindsay Smith

## 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 and a pharmacist.

## Background to Dr Lindsay Smith

Dr Lindsay Smith is an individual provider on the outskirts of Yeovil. Dr Smith supported around 1,800 patients and operated as one of two practices based in the shared Westlake Surgery premises. However, on 1 October 2016 the other individual provider in the premises, retired and Dr Smith has taken their patients. Westlake Surgery now supports approximately 3,900 patients. There is a dispensary on site that was shared by both practices and is now operated by Dr Smith. The practice was able to provide pharmaceutical services to those patients on the practice list that lived more than one mile (1.6km) from their nearest pharmacy premises.

This report relates to Regulated Activities provided from:

Westlake Surgery

High Street

West Coker

Yeovil

Somerset

BA22 9AH.

The practice has a General Medical Services (GMS) contract to deliver health care services; the contract includes

enhanced services such as childhood vaccination and immunisation scheme, facilitating timely diagnosis and support for patients with dementia and minor surgery services. An influenza and pneumococcal immunisations enhanced service is also provided. These contracts act as the basis for arrangements between the NHS Commissioning Board and providers of general medical services in England.

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the third least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. It is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas).

The age distribution of male and female patients similar to national average figures. Average life expectancy for the area is higher than national figures with males living to an average age of 83 years and females to 85 years.

There is one male GP partner who provides eight sessions per week as well as various locums who provide a total of seven sessions per week. A fully qualified registrar will be commencing full time employment in April 2017 as a salaried GP. The GP is supported by two part-time nurses, two part-time healthcare assistants, an office manager and additional administrative staff. There is a team of four further dispensers, including a dispensary manager.

Patients using the practice also have access to community staff including district nurses and health visitors. A midwife is based at the practice one day per week. The practice was a level three research practice and carried out studies to identify potential improvements to patient care.

The practice is open from Monday to Friday, between the hours of 8.30am and 6.30pm, with extended opening hours

# Detailed findings

from 6.30pm to 7.30pm every Tuesday and Thursday. GP appointments are 12 minutes long and typically are available from 8.30am to 11.30am and from 5pm to 6pm each Monday, Wednesday and Friday; and from 3.45pm to 6.30pm each Tuesday and Thursday. GPs offer patients face to face appointments, telephone consultations, and make home visits where appropriate.

When the practice is closed patients are directed to the NHS 111 service where patients can be referred to Vocare GP Out of Hours service if further clinical advice is required.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced comprehensive visit on 23 November 2016.

During our visit we:

- Spoke with a range of staff (including the GP, a nurse, office and dispensary managers and administration staff) and gathered feedback from patients who used the service.

- Observed how patients were being cared for 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.

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 patients and what good care looked like for them. The population groups are:

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Following the practice merger with another in October 2016, the practice introduced a new system, including a new form, available on the practice's computer system, for recording significant events. However, we found that not all incidents had been recorded consistently and completely. For example, we saw two significant events in the last 12 months where there was no record that actions had been completed.
- The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that incidents were discussed and learning was shared during whole practice meetings.
- The practice placed Medicines and Healthcare products Regulatory Agency (MHRA) alerts into a file that was accessible to staff. MHRA alerts were reviewed monthly during staff meetings. However, this did not ensure that all clinicians, including locums were made aware of alerts immediately.
- Systems were in place to make sure any relevant medicines alerts or recalls were actioned by dispensary staff, however, there was no record kept to provide an audit trail of these alerts.

### Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. However, we found the safeguarding children policy and procedure was overdue a review and referred to staff members who no longer worked at the practice. Staff we spoke with demonstrated they understood their responsibilities and had received training on safeguarding children, relevant to their role. The individual provider GP was the lead member of staff for safeguarding. GPs and nurses were all trained to safeguarding children level 3. However, only one member of staff had a record of safeguarding adults training.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who had received appropriate training. However, we found that the practice nurse was the only member of staff who had a record of up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines in the dispensary, and vaccines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions, which included the review of high risk medicines. However, the practice was aware that some medicine reviews for some patients, who were newly registered with the practice, had not been completed within the recommended time frame. The practice told us this was as a result of the merger and they had scheduled these reviews to be completed as soon as possible. There was a written protocol in place to assist dispensary staff with these medicine reviews but it lacked the detail to provide the necessary support and evidence that decision made were always safe and appropriate.

## Are services safe?

- The practice worked with the local clinical commissioning group medicines optimisation team to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. No concerns had been identified during their visits.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, we found that PGDs for three vaccines, pneumococcal, typhoid and shingles, had expired in August 2016. The practice had rectified this by the end of our inspection with up to date PGDs, signed by nurses and authorised by a GP.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these were written instructions about how to safely dispense medicines). Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed three personnel files and found that not all of the appropriate recruitment checks had been undertaken prior to employment. For example, the practice had sought proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, one of the files did not include written references and another had only one reference. We spoke to the practice who told us they would review all personnel files and ensure records were complete.

### Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk

assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. However, the practice had not completed a legionella risk assessment to identify if there was any risk to patients and if any precautionary measures were required. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The main GP was supported by locums to meet the needs of the new patients, following the merger in October 2016. A qualified registrar has been appointed as a salaried GP to commence full time employment at the practice in April 2017.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were available and regularly checked to make sure they were in date and suitable for use. They were easily accessible to staff in a secure area of the practice and all staff knew of their location. However, one medicine, used for opioid overdose, was on the recommended list but not in stock in the practice. The practice told us that they would review the list of medicines held and risk assess the need for holding this medicine.

## Are services safe?

- We found some staff had not received annual basic life support training and the practice did not have a comprehensive business continuity plan in place for major incidents, such as power failure or building damage.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was better than the clinical commissioning group (CCG) and national averages. For example, 98% of patients on the diabetes register had a record of a foot examination and risk classification in the last 12 months, compared with the CCG average of 81% and the national average of 88%.
- Performance for mental health related indicators was better than the CCG and national averages. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months, compared with the CCG average of 60% and the national average of 89%. However, the patients who joined the practice in October 2016, the month prior to our inspection, as a result of the merger, had not had a review. The practice were aware of this and planned to complete these reviews as a priority.

We saw that the patients who have a learning disability had care plans in place. However, we found that not all of the patients who had been identified as having a learning disability had attended an annual health review in the last 12 months. The practice told us these were patients who had joined the practice as a result of the recent merger; and they would review arrangements to ensure that all patients with learning disability received appropriate care and support.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits carried out in the last two years and whilst these were not full cycle audits, we saw that they confirmed appropriate monitoring and care had been implemented. For example, these were audits for patients taking medicines for chronic pain or heart conditions where all prescribed medicines had been reviewed and found to have been prescribed in appropriate dosages of cost-effective medicines. We saw plans to complete the full cycle of these audits within one year.
- Information about patients' outcomes was used to make improvements. For example, when NICE guidelines had last been updated, the practice had purchased home blood pressure monitors to support patients managing hypertension.

### Effective staffing

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- All staff had received an appraisal within the last 12 months; and had access to and made use of e-learning training modules and in-house training. However, the practice did not have a system in place to identify and review the training needs of staff. We found that not all staff had a record of relevant training in basic life support, infection control, safeguarding adults or fire safety. For example, only one person had a record of infection control and prevention training; and whilst all relevant staff had completed safeguarding children training, only one person had a record of up to date safeguarding adults training. We spoke to the practice who told us they would arrange for all staff to receive up to date training relevant to their role.



# Are services effective?

## (for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- We found that the practice had regular meetings as separate teams and as a whole practice. We reviewed meeting minutes and found that meetings were being used effectively to review significant events, share learning and develop policies and procedures and to review practice development needs. We found evidence that community staff were also routinely invited to monthly meetings.
- Ongoing support for staff included; one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance. For example, the practice supported patients residing in a care home and relevant staff demonstrated a good understanding of The Mental Capacity Act 2005, Deprivation of Liberty Safeguards and the use of restraint and covert medicines. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 78%, which was comparable with the national average of 74%. The practice was not an outlier for performance in screening patients for breast and bowel cancer.

Childhood immunisation rates for the vaccinations given were comparable to local and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 100% and five year olds from 91% to 96%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

We received sixty two patient Care Quality Commission comment cards which were all positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared with the CCG average of 90% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared with the CCG average of 97% and the national average of 95%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 89% and the national average of 85%.

- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 93% and the national average of 91%.
- 99% of patients said they found the receptionists at the practice helpful compared with the CCG average of 90% and the national average of 87%.

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

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

Children and young people were treated in an age-appropriate way and recognised as individuals.

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

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 86% and the national average of 82%.
- 96% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 88% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.

## Are services caring?

- Information leaflets were available in easy read format.
- We saw evidence that GPs had completed follow up appointments with patients who had an unplanned admission into hospital. We also found that the follow up letters that were subsequently sent to patients were written in a way that was compassionate and easy to understand.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified twenty one patients as carers (less than 1% of the practice list). However, the practice was aware of the need to identify

and note on the computer system the status of all newly registered patients who were carers. Written information was available to direct carers to the various avenues of support available to them.

A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. Elderly carers were offered timely and appropriate support. For example, we saw that carers packs were available and contained information that signposted carers to external support systems.

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

The practice was able to provide pharmaceutical services to those patients on the practice list that lived more than one mile (1.6km) from their nearest pharmacy premises. The practice had arranged a home delivery service for some patients who were unable to get to the surgery to collect their dispensed medicines.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice Understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered a 'Commuter's Clinic' on a Tuesday and Thursday evenings until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was able to provide pharmaceutical services to those patients on the practice list that lived more than one mile (1.6km) from their nearest pharmacy premises. The practice had arranged a home delivery service for some patients who were unable to get to the surgery to collect their dispensed medicines.
- Some medicines were made up into blister packs to help patients with taking their medicines and safe systems were in place for dispensing and checking these.

### Access to the service

The practice was open from Monday to Friday, between the hours of 8.30am and 6.30pm, with extended opening hours from 6.30pm to 7.30pm every Tuesday and Thursday. GP appointments were 12 minutes long and typically were available from 8.30am to 11.30am every weekday; and from 5pm to 6pm each Monday, Wednesday and Friday; and

from 3.45pm to 6.30pm each Tuesday and Thursday. GPs offered patients telephone consultations, appointments and performed home visits where appropriate. In addition to pre-bookable appointments, urgent appointments were also available for people that needed them. When the practice was closed patients were directed to the NHS 111 service where patients could be referred to Vocare GP Out of Hours service if further clinical advice was required.

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

- 96% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 83% and the national average of 79%.
- 97% of patients said they could get through easily to the practice by phone compared with the CCG average of 79% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that an information leaflet was available in the reception area to help patients understand the complaints system.

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

We looked at one complaint received in the last 12 months and found that it had been handled satisfactorily, in a timely way with openness and transparency. Lessons were learned and learning was shared with relevant staff.

# Are services well-led?

Inadequate 

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

## Our findings

### Vision and strategy

Dr Smith supported around 1,800 patients and was one of two practices based in the shared Westlake Surgery premises. On 1 October 2016 the other individual provider in the premises retired and Dr Smith took on their patients. Westlake Surgery from then supported approximately 3,900 patients and continued to operate the dispensary on site. The practice did not have an up to date vision statement in place, reflecting the current arrangements. We were told this was being finalised following the recent practice merger. We saw evidence that the practice was engaging staff, during team meetings, to develop their vision and ethos and the practice provided us with a copy of this after the inspection. The practice had a clear vision to promote good outcomes for patients, including the new patients who had joined the practice following the merger.

### Governance arrangements

The practice had inadequate governance arrangements to support the delivery of good quality care. The practice had a number of processes that were not fully implemented to ensure the provision of good quality care. For example:

- There were ineffective arrangements in place to assess, monitor, manage and mitigate risks to the health and safety of service users. These included systems for addressing Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts, reviewing patient's medicines, the risk assessment of legionella and a business continuity plan.
- The practice did not have effective systems for recording keeping. For example, to ensure records of significant events were consistent and all actions had been completed; and to demonstrate that all staff had received and had a record of appropriate training relevant to their role, including up to date training in safeguarding adults, basic life support, fire safety and infection control.
- The practice did not have a programme of continuous clinical audits to monitor quality and to make improvements. For example, the two clinical audits that had been carried out were not full cycle audits and did not demonstrate improved outcomes for patients.

- The practice had a number of policies and procedures to govern activity but these were not all up to date. For example, the recruitment policy and the safeguarding children policy were both dated April 2013 with a review due dates of April 2016.
- There was minimal engagement with people who use services or the public. For example, the practice did not have a patient participation group in place.

There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The GP and nurses had lead roles in key areas. An understanding of the performance of the practice was maintained.

- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice; and allowed for lessons to be learned and shared following significant events and complaints.
- Ensure the arrangements for engaging patients with a learning disability and those diagnosed with a mental health condition are implemented.
- However, the practice needed to review systems that identified and supported different population groups including people with learning disabilities; patients with a diagnosed mental health condition to ensure they have the appropriate care and support and attend annual reviews; and to identify and offer support to all patient who were carers.

### Leadership and culture

The practice told us they prioritised safe, high quality and compassionate care. Staff told us the main GP was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The main GP encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal apology.

# Are services well-led?

Inadequate 

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

- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted multi-disciplinary meetings, including meetings with district nurses and social workers to monitor vulnerable patients. The GP, where required, would meet with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the practice encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice sought and valued feedback from patients, the public and staff.

- We saw that Friends and Family Test feedback cards were available in the waiting area. However, there were no arrangements in place for engaging with patients, such as through a patient participation group.
- The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was some learning and improvement within the practice. The practice was a level three research practice and carried out studies to identify potential improvements to patient care.

We found that staff were working together to implement positive outcomes for patients, following the merger of the practice in October 2016. We saw evidence of future planning to meet the needs of all patients, including those who had recently registered with the practice. For example, additional staff resources were in place to ensure medicine and care reviews were carried out for all patients who had joined the practice; review, update and embed the revised policies and procedures for the merged practice; and explore improvements to premises.



## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to ensure suitable systems were in place for:</p> <ul style="list-style-type: none"><li>• management of medicines, including systems for addressing MHRA safety alerts and recalls; and reviewing patient's medicines;</li><li>• risk assessment of legionella; and</li><li>• implementing a comprehensive business continuity plan.</li></ul> <p>This was in breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not ensure systems were in place to assess, monitor and improve the quality and safety of the service, including systems for:</p> <ul style="list-style-type: none"><li>• effective record keeping in relation to significant events, staff training and the management of regulated activities;</li><li>• quality improvement, such as clinical audits and re-audits;</li><li>• involving patients through a Patient Participation Group.</li></ul>



This section is primarily information for the provider

## Requirement notices

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

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

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

The provider did not ensure that all persons employed received appropriate training as relevant to their role, including training in safeguarding adults, basic life support, fire safety and infection control.

This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.