

# Whitchurch Surgery

## Quality Report

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

## Ratings

Overall rating for this service		Good	
Are services safe?		Requires improvement	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Whitchurch Surgery on 10th August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they were able to make a routine appointment with a GP with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice adopted a model whereby one GP and an advanced nurse practitioner constituted a 'pod'. This structure enabled communication among clinicians to address patients' health more comprehensively, better ensure the continuity of care and team working. There was also protected time for discussions twice a day for the GPs and the advanced nurse practitioners (pods) following their clinics which provided opportunity for support and shared learning.

There were areas of practice where the provider must make improvements:

# Summary of findings

- Ensure a system is in place to track blank prescription forms and pads, and monitor their use.
- The practice must operate a system to respond to the control measures as outlined in their protocol and as identified from a previous risk assessment in respect of the risks from exposure to Legionella in man-made water systems. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice must provide formal training to all staff, relevant to their roles, for example infection prevention and control prevention and awareness.
- Ensure systems are embedded to monitor the quality of the dispensing process
- Review the availability of a designated sink for use in the dispensary for the hygienic preparation of medicines, cleaning and hand washing.
- The practice should review its standard operating procedures regarding the dispensing processes in order to reflect current good practice.
- The practice should take steps to ensure patient's privacy at the reception area.
- The practice should continue to improve patient outcomes for those with long term conditions.

There were areas of practice where the provider should make improvements:

- Review the qualifications and continued professional development of the dispensary staff.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice's dispensary did not have a designated sink to support the hygienic preparation of medicines, cleaning and hand washing.
- Staff we spoke with demonstrated their knowledge about infection prevention and control though staff at the practice had not received formal up to date training.
- Blank prescription forms and pads were securely stored. However, there was no system in place to monitor their use.
- All but one member of staff involved in dispensing medicines had qualifications in dispensing, and there was no evidence for this one staff member of recent assessments of competency or continuing learning and professional development.
- Medicines incidents were reported and recorded for sharing and learning. However, there was no system for recording 'near misses', and no example of dispensary auditing. This meant there was a very limited system in place to monitor the quality of the dispensing process.
- Dispensary staff showed us their standard operating procedures which covered all aspects of the dispensing process. However, these were five months overdue their annual review and did not reflect current good practice.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) 2014/2015 showed patient outcomes were similar or worse than the local and national average. We found that the practice had taken actions to improve their performance.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

Good



# Summary of findings

- The practice participated in local audits and research.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect.
- The practice's reception area was separated from the waiting room but if several patients were waiting at the reception then there was no privacy. Patients and receptionist spoke through speakers which also amplified their and other telephone conversations within the reception office. We were told that there were plans to refurbish the reception and waiting area which may help to ensure privacy in those areas in the future.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice offered extended opening hours with pre-bookable appointments with doctors and nurses. Patients were able to book appointment and order medicines during these times. Patients were also able to ask the nurses or GPs a question via the practice's website. Multidisciplinary team meetings took place on alternate weeks and patients in need were referred to community and social services.
- Patients said they found they were able to make an appointment with a GP with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. The practice was in the process to merge with another practice and there was a clear plan in place to manage this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels. There was also protected time for discussions twice a day for the GPs and the advanced nurse practitioners following their clinics which provided opportunity for support and shared learning.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. People aged over 75 had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Multidisciplinary team meetings took place on alternate weeks and older people in need were referred to community and social services.
- Hospital admission avoidance care planning and reviews took place.
- The practice supported a local nursing home and provided weekly ward rounds by one pod (a GP and a nurse). The practice also organised for the community support pharmacist to perform polypharmacy reviews at the nursing home.
- The practice signposted patients to a directory of local services on their website which included befriending services, support for carers, help at home and guidance of personal wellbeing.
- The practice participated in a local project called “Two Rivers Stay Connected Programme” which aimed to reduce the isolation of elderly people in the area by encouraging and facilitating the availability of technology and internet access.
- The practice offered an in-house podiatry service which was free to patients.

### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Disease and condition specific clinics as well as multi-morbidity reviews with nurses or GPs took place.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

# Summary of findings

- Regular medication reviews, including pharmacist polypharmacy reviews took place. GPs had protected repeat prescribing time.
- Clinical audits took place regarding specific long-term conditions, for example asthma.
- Data from the Quality and Outcomes Framework (QOF) 2014/2015 showed patient outcomes for those with long term conditions were similar or worse than the local and the national average. The practice had identified this as an area for improvement and had taken actions to improve their performance. For example by revising the protocol for the management of long term conditions and changing the patient re-call system for patient health and medicines reviews.

## Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. The practice had a lead person designated for safeguarding children. There was a protocol for managing urgent safeguarding requests and the practice monitored its activity regarding the safeguarding of children.
- The practice provided flexible childhood immunisations clinics and the immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the clinical commissioning group (CCG) average of 82% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice was engaged with health visitors and midwifery teams. Routine safeguarding children meetings took place that the health visitor attended and clinics were run by the midwife for patients within the practice.
- Post-natal and six week baby checks were offered and there was regular contact with health visiting team via the booking of the baby checks.

Good



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

The practice is rated as good for the care of working-age people (including those recently retired and students).

Good





# Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- There was an administrative protocol for managing online queries, patients were able to book appointment and order medicines at any time. Patients were also able to ask the nurses or GPs a question via the practice's website
- The practice also provided:
- Saturday flu clinics during flu campaigns;
- Extended hours enhanced service – early and late surgeries, including opening one Saturday a month;
- On the day minor illness and urgent same day clinics;
- Telephone consultation appointments;
- Travel vaccination clinics.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances. The practice identified children who may be at risk and alerts were put on to patient records. Regular meetings were held with the health visitor to discuss children who may be at risk and specific patient issues were discussed with all clinicians. Clinicians also met at the end of each session for a patient review with Nurse Practitioners to discuss any concerns.
- At risk patients and their cares and families were discussed at the practice's "virtual ward" meetings. Details were recorded on clinical records and the meeting was a platform for any member of the multi-disciplinary team to raise issues and directly refer to community and social services. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults.
- The practice offered longer appointments for patients with a learning disability and for patients with complex needs.
- 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.

# Summary of findings

- 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.
- Patients were offered chaperones.

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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Data from the Quality and Outcomes Framework (QOF) 2014/2015 showed patient outcomes were worse than the local and the national average. The practice had identified this as an area for improvement and patients are now routinely re-called as part of the practice's re-call system to ensure that patients who have historically not attended for a review/care plan were seen by their GP.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. For example with the community psychiatric nurse who carried out proactive community reviews for patients who had dementia and/or took anti-psychotic medicines. The practice was also in regular communication with the local mental health services.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had arrangements for weekly medicine prescriptions for monitoring purposes and had close links with the local pharmacy.
- The practice hosted elderly mental health consultant clinics within the practice and were engaged with "iTalk" clinics.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 245 survey forms were distributed and 110 were returned. This represented 2% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 82% and to the national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and to the national average of 76%.
- 83% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and to the national average of 85%.

- 78% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 83% and to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were all positive about the standard of care received. Patients wrote that the service they received was excellent and that staff was caring and helpful. Some patients had said about their difficulty to get appointments at times.

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

The practice's friends and families test results from April to July 2016 showed that 88% of the 25 responders said they would recommend the practice.

# Whitchurch Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

- 1 Practice Manager (1 WTE)
- 3 Advanced Nurse Practitioners (2.6 WTE)
- 2 Practice Nurses (1.04 WTE)
- 2 Health Care Assistants (1.06 WTE)
- 1 Phlebotomist (0.21 WTE)
- 2 Pharmacy dispensers (1.73 WTE)
- 10 Receptionists/Admin/Secretarial (5.19 WTE)

Whitchurch Surgery is open from Monday to Friday between 8am and 6.30pm. The practice offer extended opening hours with pre-bookable appointments with doctors and nurses on Wednesday mornings, alternating Monday evenings and one Saturday morning per month. These appointments are pre-bookable and not for emergencies. When the practice is closed patients can phone the local Out of Hours clinic through NHS 111 outside surgery hours. Information about how patients can access these services is available on the practice's website.

## Background to Whitchurch Surgery

Whitchurch Surgery is part of the West Hampshire Clinical Commissioning Group. Whitchurch Surgery is located at Bell Street, Whitchurch RG28 7AE. There is wheelchair access to all areas including toilets for the disabled and there are two designated disabled parking bays in the Whitchurch Surgery car park. Care is provided to over 8700 patients. The practice has a medicine dispensary and is an F2 training practice. This means training and support is provided for FY2 doctors. (FY2 Doctors are newly qualified doctors who are placed with a practice for four months and will have their own surgery where they see patients).

The two practices cover the populations of Whitchurch, eastern Andover and the surrounding rural areas. The practice's serves a predominantly white British population with higher than average levels of obesity, hypertension, depression, cerebrovascular accident (stroke) and asthma. The local population falls into the least deprived decile, but had higher than average percentage of patients with a long term health condition.

The current staff of the practice includes:

- 3 GP Partners (three males – 2.2 whole time equivalent WTE)
- 2 Salaried GPs (two females – 0.8 WTE)

## 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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 August 2016. During our visit we:

- Spoke with a range of staff including three GPs, three advanced nurse practitioners, a practice nurse, a health care assistant, and two members of the dispensary team and one member of the administration team.
- We spoke with nine patients who used the service and a relative of a patient.
- We received written feedback from six non-clinical staff on the day of our inspection.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a discussion took place following the identification that a patient's treatment was not started even though two clinicians had commented on their diagnosis. A method was agreed to increase the clinicians' responsibility to ensure that appropriate follow-up actions would take place in a timely way to prevent the re-occurrence of similar incidents.

A health care assistant left a blood sample on her desk when she had finished for that day. The sample was taken to the hospital by a GP later that day to avoid and delay in the patient's treatment as that could have put the patient at risk of a serious medical condition. This incident was presented as a significant event and was discussed at a staff meeting. Actions were taken to reduce the likelihood of this happening again. Staff were reminded to always ensure samples are put into the collection box before leaving each day.

Within another significant event record we saw that a child was taken to the accident and emergency department by a parent following their child having been seen at the

practice. A thorough analysis was carried out to establish whether the care the child received at the practice was in line with the relevant guidance and whether the right actions were taken. It was agreed that an appropriate assessment with appropriate safety netting advice was given and follow-up arrangements had been made. This significant event led to the NICE guidance charts regarding paediatric assessments to be displayed in the consultation room to aid effective decision making. We saw these were used during the discussions between the GPs and advanced nurse practitioners following their morning sessions on the day of our inspection.

### Overview of safety systems and processes

The practice had clearly defined and embedded 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 and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP was a lead member for safeguarding and GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice identified children who may be at risk and alerts were put on to patient records. Regular meetings were held with the health visitor to discuss children who may be at risk and specific patient issues were discussed with all clinicians. GPs also met at the end of each session for a patient review with the nurse practitioners to discuss any concerns. At risk patients and their cares and families were discussed at the practice's "virtual ward" meetings. Details were recorded on clinical records and the meeting was a platform for any member of the multi-disciplinary team to raise issues and directly refer any concerns to community and social services. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults. GPs were trained to child protection or child safeguarding level three, nurses and health care assistant to level two and non-clinical staff to level one.
- A notice in the consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had

## Are services safe?

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. However, the dispensary did not have a designated sink to support the hygienic preparation of medicines, cleaning and hand washing. An advanced nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Staff we spoke with demonstrated their knowledge about infection prevention and control though not all staff at the practice had received formal up to date training. Training records showed that the practice had identified this training as due. However, no arrangement had been made to cover this training for all staff at the time of our inspection.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes had been implemented for safe and effective repeat prescribing, which included regular medication reviews and the monitoring of high risk medicines. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. However, there was no system in place to monitor their use. The three advanced nurse practitioners had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- There was a named GP responsible for the dispensary. Although staff involved in dispensing medicines had qualifications in dispensing except one, there was no evidence of recent assessments of competency or continuing learning and development. Medicines incidents were reported and recorded for sharing and learning. However, there was no system for recording 'near misses', and no example of dispensary auditing. Dispensary staff showed us standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). However, these were five months overdue their annual review and did not always reflect current practice.
- 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 recruitment checks had been undertaken prior to employment prior to the recent arrival of the new practice manager. When the new manager took up their post they audited the staff files and took actions to ensure that all staff had proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- We found the system to review blood test result may enough as it had been identified that some blood test results may have not been seen in a timely way. Following our inspection the provider updated and sent us their new protocol regarding the handling of pathology results. This protocol identified a cover system to ensure that pathology results would be seen in a timely way even in the absence of the responsible clinician.
- 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 alarm tests and drills. All electrical equipment was checked to ensure



## Are services safe?

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. We found the practice had a policy regarding Legionella management (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The policy outlined the practice's system in order to control the risk from exposure to Legionella in man-made water systems for example recording various tests and inspection regarding the water temperatures but these checks had not been carried out. We found that a new risk assessment had been completed to identify the relevant risks and to devise a new system, however the full report had not yet been available on the day of our inspection.

- 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 practice looked six weeks ahead at staffing levels to ensure effective planning of the level of staffing.

### **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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice 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.
- The practice organised weekly clinical meetings to discuss topics, for example a recent topic included the signs and symptoms of Lyme disease, in order to ensure to maintain awareness of best practice.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 91% of the total number of points.

The combined overall total exception reporting for all clinical domains was 9.1% which was similar to the clinical commissioning group (CCG) average of 10.8% and the national average of 9.2%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for some QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar or worse than the national average.
- 86% of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months, which was similar to the clinical commissioning group (CCG) average of 90% and the national average of 88%.

- 74% of patients on the diabetes register, whose last measured total cholesterol (measured within the preceding 12 months was 5 mmol/l or less, which was worse than the clinical commissioning group (CCG) average of 82% and the national average of 81%.
- In the light of the relatively poor QOF data the practice had reviewed the management of all long term conditions (LTC). The LTC lead nurse had produced a revised protocol for the management of LTCs. The re-call system for all LTCs had been moved from a standard interval to a 'holistic' approach based on need using an individual re-call date. This meant that uncomplicated patients with well controlled blood pressure would only be seen annually by the most appropriate clinician which free up appointment to focus on the more complex patient groups. The practice had also carried out an audit regarding diabetes and identified a significant number of patients with poor glycaemic control. These patients are at significant risk of complications from their diabetes and needed to be managed more intensively. The practice identified actions to address the issue for example by focussing resources on patients with persistent poor control of their diabetes.
- Performance for mental health related indicators was worse than the national average.
- 65% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had had their care reviewed in a face to face meeting in the last 12 months, which was worse than the clinical commissioning group (CCG) average of 89% and the national average of 88%.
- 70% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was worse than the CCG average of 84% and to the national average of 84%.
- Patients at the practice had now been routinely re-called as part of the practice's re-call system to ensure that patients who have historically not attended for a review/care plan were seen by their GP.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. The practice looked at the timeliness of their

# Are services effective?

## (for example, treatment is effective)

repeat prescribing and found that all prescriptions were signed within 48 hours following the implementation of a new policy which was put in place due to the first audits findings.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice took part in a home visit audit where the timeliness and appropriateness of a home visit response was monitored within a given time period.
- Findings were used by the practice to improve services. For example, recent action taken as a result included discussion around childhood obesity in order to empower staff to check weight/BMI and to effectively discuss issues around this topic.

Information about patients' outcomes was used in order to make improvements such as timely and safe prescribing of medicines and the usage of a multi-disciplinary team approach to help patient who have difficulties in managing their diabetes.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. We spoke two staff who were recently recruited and they confirmed they had received and appropriate induction and they told us they had received a lot of support.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The practice kept records regarding staff's completed training and identified further training needs in order to ensure that all staff's knowledge would be kept up to date. Staff had access to appropriate learning and development opportunities to meet their learning needs and to cover the scope of their work. This included on-going support, team meetings, clinical supervision and facilitation and support for revalidating GPs. There was also protected time for discussions twice a day for the GPs and the advanced nurse practitioners following their clinics which provided opportunity for support and shared learning. All staff had received an appraisal within the last 12 months.
- The practice ensured role-specific training and updating for relevant staff. Each member of staff had a personal

development plan that was created as part of the appraisal process. Clinical staff had completed training that were relevant to their specific roles such as contraception, hypertension and dermatology.

- Staff received training that included: health and safety, safeguarding, fire safety awareness and basic life support. We saw that training updates were planned to take place within the next two months following our inspection which included training regarding infection control and the Mental Capacity Act (2005).
- Written feedback from non-clinical staff indicated that they were given the opportunity to attend and complete training courses.

### 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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

# Are services effective?

## (for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients' smoking status and alcohol intake was recorded and patients were given advice during their new patient health checks. Where appropriate patients were referred for a GP appointment for further guidance. An advanced nurse practitioner had bookable consultations for patients in order to support patients and raise their awareness of a healthy diet and good nutrition. Patients were also signposted to the relevant local services if it was required such as 'Quit 4 Life'.

The practice's uptake for the cervical screening programme was 80%, which was lower than the CCG average of 82% and the national average of 82%. The practice had a coordinator for cervical screening tests who tracked results on a case by case basis and assured that the practice followed up with those patients who had been referred as a result of abnormal test results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 80% of female patients aged between 50 and 70 years of age were screened for breast cancer in the previous 36 months which was better than when compared to the clinical commissioning group (CCG) average of 74% and the national average of 72%. 66% of patients aged between 60 and 69 years of age were screened for bowel cancer in the previous 30 months which was comparable to the CCG average of 66% and the national average of 58%.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 74% to 98% and five year olds from 80% to 99% compared to the CCG range from 92% to 100% and 93% to 100% respectively.

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

The practice offered longer appointments for patients with a learning disability and carried out annual reviews using the Cardiff Health Check protocol.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- We observed that the receptionist was welcoming and came to the waiting room to help a patient to the treatment room.
- The reception area was separated from the waiting room but if several patients were waiting at the reception then there was no privacy. Patients and the receptionist spoke through speakers which also amplified their and other telephone conversations within the reception office. There were plans to refurbish the reception and waiting room area which may help to ensure privacy in those areas in the future.

All of the 41 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients wrote that GPs were kind, understanding and empathetic.

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

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

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.

- 92% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and to the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and to the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

There was one area where only 14% of patients stated that they always or almost always see or speak to the GP they preferred compared to the CCG average of 39% and the national average of 36%. We found that the practice had introduced list for individual GPs, had recruited additional staff, including advanced nurse practitioners, since the completion of the survey in order to better ensure the continuity of care for patients.

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

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

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

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.

## Are services caring?

- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and to the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- The practice provided extensive online facilities which included links to further information regarding common illnesses and the submission of self-monitoring health reviews.
- Large print copies of the Practice Leaflet and Repeat Prescription items are available on request.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 223 patients as carers (4% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Carers were regularly referred to the Princess Trust for Carers and to the Proactive Nurse Project team for further advice and support. The proactive nurses supported patients and their families in the local area by visiting and assessing their needs. Patients at risk and their carers' needs were also discussed at the practice's 'Virtual Ward' meetings where any members of the multi-disciplinary team could raise issues and directly refer carers to community and social services. Details were recorded on clinical records and carers' needs were included in patients' care plans where appropriate.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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. Compliment cards from bereaved families and carers indicated that this service was valued.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered extended opening hours with pre-bookable appointments with GPs and nurses on Wednesday mornings, alternating Monday evenings and one Saturday morning per month at Whitchurch Surgery. These appointments were pre-bookable and were provided to appeal particularly to commuters.
- There was an administrative protocol for managing online queries, patients were able to book appointment and order medicines at any time. Patients were also able to ask the nurses or GPs a question on the practice's website.
- Disease and condition specific clinics as well as multi-morbidity reviews with nurses or GPs were available.
- The practice offered an in-house podiatry service.
- Multidisciplinary team meetings took place on alternate weeks and patients in need were referred to community and social services.
- There were longer appointments available for patients with complex needs and/or learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- 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 and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available. The practice had a wheelchair in the reception area for patients to use.

### Access to the service

Whitchurch Surgery is open from Monday to Friday between 8am and 6.30pm. The practice offered extended opening hours with pre-bookable appointments with doctors and nurses on Wednesday mornings and, alternating Monday evenings and one Saturday morning

per month. These appointments were pre-bookable and not for emergencies. When the practice was closed patients can phone the local Out of Hours clinic through NHS 111 outside surgery hours. Information about how patients can access these services is available on the practice's website.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment:

- 70% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 80% and to the national average of 78%. The practice had introduced appointments at extended hours and on some weekends to ensure the practice's opening hours would be more satisfactory to patients.
- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 82% and to the national average of 73%.
- 52% of patients felt they normally had to wait too long to be seen compared to CCG average of 32% and to the national average of 35%. Patients also said on the day of our inspection that they had to wait long at times. We found the practice had introduced 15 minute sessions as a direct result of patient feedback and also recruited more staff in order to ensure that there were sufficient number of appointments and that these were running on time.

Most patients told us on the day of the inspection that they were able to get appointments when they needed them. Three patients said that it could take weeks to get a non-emergency appointment.

### 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 information was available to help patients understand the complaints system through the practice's patient leaflet and the practice's website.

We found the practice had recorded four complaints in the last 12 months. We looked at three complaints in detail and

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

found these were satisfactorily handled and dealt with in a timely way. Openness and transparency with dealing with the complaints were demonstrated and lessons were learnt from individual concerns and complaints. Actions were taken to as a result to improve the quality of care. For example, a patient complained about the availability of a GP on a Friday. The issue was discussed and training was given to reception staff at a team meeting. This was to provide more clarity for front line staff as to how to handle calls when a clinical appointment is not available for

example during GP training. Another complaint included a complicated list of complaints regarding a patient's care from the practice and the hospital over a number of years. The practice manager met the patient on a number of occasions and a full review of the patient's medical notes was carried out by a GP. We saw that a thorough investigation was carried out and a detailed response was sent to the patient. The response also included information about the patients next steps they were not satisfied with the practice's response.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice was in the process of merging with another practice and there was a clear plan in place to manage this.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. We found the practice amended or implemented policies as result of an audit or an investigation into a significant event.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Not all governance arrangements had ensured that improvements were identified such as in relation to its medicines dispensary, infection prevention and control training, the management of the risks from exposure to Legionella and to ensure blank prescription security.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and

compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. Staff also felt the management was open and transparent.

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

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

- Staff told us the practice held regular team and clinical meetings. There was also protected time for discussions twice a day for the GPs and the advanced nurse practitioners following their sessions which provided opportunity for support and shared learning.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met



# Are services well-led?

Good 

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

regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG identified the need that the practice should communicate more effectively and the PPG produced articles for local magazines to help inform the patients regarding the changes around the practice. The PPG also offered to help patients make better use of the practice's online facilities.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. 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. For example the development of the practice's "virtual ward" was led by one of the advanced nurse practitioners who made on-going suggestions with regards to the format and agenda of these meetings.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice participated in a local project called "Two Rivers Stay Connected Programme" which aimed to reduce the isolation of elderly people in the area by encouraging and facilitating the availability of technology and internet access.

The practice adopted a model whereby one GP and an advanced nurse practitioner constituted a 'pod'. This structure enabled communication among clinicians to address patients' health more comprehensively, better ensure the continuity of care and team working. There was also protected time for discussions twice a day for the GPs and the advanced nurse practitioners (pods) following their clinics which provided opportunity for support and shared learning.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services 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> <ul style="list-style-type: none"><li>• The practice had not operated its system in place to control the risks from exposure to Legionella in man-made water systems.</li><li>• The practice had no system in place to track blank prescription forms and pads, and monitor their use.</li><li>• Not all staff had up to date and formal training with regards to infection prevention and control.</li></ul> <p>This was in breach of regulation 12(1).</p>