

Wenlock Road Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 Wenlock Road Surgery on 21 October 2016. Overall, the practice is rated as good.

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

- Staff appeared to understand their responsibilities to raise concerns and report incidents and near misses the practice. However, when things went wrong, reviews and investigations were not sufficiently thorough and lessons learned were not communicated widely enough to support improvement.
- Most risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.
- 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.
- 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 regulation.

There were areas where the provider needs to make improvements.

The provider should:

- Review the systems and processes in place to assess, monitor and improve the quality and safety of the

Summary of findings

service provided. Specifically, to enable lessons to be learned from significant events to prevent their reoccurrence, managing verbal complaints and using clinical audit to improve service quality

- Complete the process for the registration of the partnership with the Care Quality Commission

- Obtain evidence of all staff's immunity status against vaccine-preventable diseases such as measles.

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.

Good



- While staff appeared to understand their responsibilities to raise concerns and report incidents and near misses the practice did not have a significant event policy that provided guidance and support to staff. When things went wrong, reviews and investigations were not sufficiently thorough and lessons learned were not communicated widely enough to support improvement.
- The provider was aware of and complied with the requirements of the duty of candour regulation. However, a strengthened process for managing significant events would support this ethos.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example, there was an effective safety alert system and safeguarding leads were in place.
- Good infection control arrangements were in place and the practice was clean and hygienic. Disclosure and Barring Service (DBS) checks had been completed for all staff that required them.
- Risks to patients were assessed and well managed. However, the staff recruitment and induction process did not include the checking of non-clinical staff immunity status against vaccine-preventable diseases such as measles.

Are services effective?

The practice is rated as good for providing effective services.

Good



- We found that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data showed patient outcomes were below average for the locality. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 85.4% of the points available in 2014/2015. This was 9% below the local average and 9.3% below the national average. Shortly after we inspected the practice, the

Summary of findings

QOF data for 2015/16 was published. This showed that the practice had improved their QOF performance, with an overall achievement of 90.1%, (local CCG average of 96.3%, and a national average of 95.3%).

- Quality improvement work was taking place. However, there was limited evidence that clinical audit was driving improvement in performance to improve patient outcomes.
- 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.

- Data showed that how patients rated the practice better than others for several aspects of care. For example, results from the National GP Patient Survey, published in July 2016, showed that 93% of respondents said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 88%, national average 85%). It also showed that 100% of respondents had confidence and trust in the last nurse they saw or spoke to (CCG average 98%, national average 97%).
- 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 offered by the practice was available; they provided this information on the practice's website and patient leaflet.
- The practice had close links to local and national support organisations and referred patients when appropriate.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.
- Most 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's appointment system set aside two same day appointments for older patients each day as well as a one same day appointment for under 16's after school hours each day.

Good



Summary of findings

- Data from the National GP Patient Survey, published in July 2016, showed that patients rated the practice above average for access to care and treatment. For example, of those that responded 88% found it easy to get through to the practice by telephone (CCG average 79%, national average 73%) and 90% described their experience of making an appointment as good (CCG average 77%, national average 73%).
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available on the practice website and in the waiting areas.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision with quality and safety as their top priority. Staff were clear about the vision and their responsibilities in relation to this.
- There was a leadership structure and staff felt supported by management.
- There was an overarching governance framework that supported the delivery of the strategy and good quality care. However, arrangements to monitor and improve quality could be improved. For example, governance would be strengthened if clinical audit was effectively linked to improving patient outcomes and the learning from significant events was improved.
- The practice had a number of policies and procedures to govern activity and held regular practice meetings. However, while staff appeared to understand their responsibilities the practice did not have a significant event policy that provided guidance and support to staff.
- The practice had taken advice from the CQC on how to amend the practice's partnership details but they had not submitted the required registration forms to complete the process.
- The provider was aware of and complied with the requirements of the duty of candour regulation. However, a strengthened process for managing significant events and taking account of verbal complaints would support this ethos.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice was developing a patient participation group (PPG).

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The practice 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 their population. All patients over the age of 75 had a named GP and patients over the age of 75 were offered an annual health check.
- The practice was responsive to the needs of older people; they offered home visits and urgent appointments for those with enhanced needs. The practice's appointment system set aside two same day appointments for older patients each day.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were generally below the local and national averages but were improving. For example, the practice had achieved 92.8% of the Quality and Outcomes Framework (QOF) points available for providing the recommended care and treatment for patients with chronic obstructive pulmonary disease (COPD). This was 2% below the local clinical commissioning group (CCG) average and 3.1% below the national average. Shortly after we inspected the practice, the QOF data for 2015/16 was published. This showed that the practice had improved their performance and achieved 96.7%, an increase of 3.8%.
- The practice maintained a palliative care register and offered immunisations for shingles and pneumonia to older people.

People with long term conditions

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

Good



- The practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority and support by the practice, comprehensive care plans were in place and regularly reviewed.
- Nationally reported data showed that outcomes for patients with conditions commonly found in this population group were generally below local and national averages but were improving. For example, the practice had achieved 73.8% of the QOF points available for providing the recommended care and treatment for patients with diabetes. This was 16.1% below the

Summary of findings

local CCG average and 15.4% below the national average. Shortly after we inspected the practice, the QOF data for 2015/16 was published. This showed that the practice had improved their performance and achieved 82.9%, an increase of 9.1%.

- Home visits were available when needed. Longer appointments were available if requested.
- All patients with a long-term condition had a named GP and were offered 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.
- The practice held regular clinics for long terms conditions, for example for patients with diabetes.

Families, children and young people

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

- There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were arrangements for new babies to receive the immunisations they needed. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 28.3% to 100% (CCG average 24.8% to 98.9%) and for five year olds ranged from 98.2% to 100% (CCG average 96.2% to 99.1%).
- Urgent appointments for children were available on the same day. The practice's appointment system set aside one same day appointment for under 16's after school hours each day.
- Pregnant women were able to access an ante-natal clinic provided by healthcare staff attached to the practice.
- Nationally reported data showed that outcomes for patients with asthma were below average but were improving. The practice had achieved 63.4% of the QOF points available for providing the recommended care and treatment for patients with asthma. This was 34% below the local CCG and national

Good



Summary of findings

average. Shortly after we inspected the practice, the QOF data for 2015/16 was published. This showed that the practice had improved their performance and achieved 96.7% of the QOF points available an increase of 33.3%.

- The practice provided contraceptive and sexual health advice.

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).

- 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.
- Patients could order repeat prescriptions and routine healthcare appointments online.
- Telephone appointments were available on request.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group.
- The practice's uptake for cervical screening was 74.2%, compared to the CCG average of 81.9% and the national average of 81.8%.
- Additional services such as new patient health checks, travel vaccinations and joint injections were available.
- The practice website provided a good range of health promotion advice and information.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including patients with a learning disability; patients with learning disabilities had been invited to the practice for an annual health check. Twenty-five patients were on this register, 56% had an annual review and 40% had an influenza vaccination (2015/2016 data, which had not yet been verified).
- Nationally reported data showed that outcomes for patients with a learning disability were good. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with a learning disability. This was the same as the local CCG average and 0.2% above the national average.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability if requested.
- The practice regularly worked with multi-disciplinary teams (MDT) in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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. Following a serious case review the practice had introduced a vulnerable patients' policy, following which staff can now easily record any initial concerns and, any raised are regularly discussed at practice meetings.
- Good arrangements were in place to support patients who were carers.

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).

- The practice had identified 1% of their population with enduring mental health conditions on a patient register to enable them to plan and deliver relevant services. Thirty-three patients were on this register, 74% of those has an annual review, 12% had an influenza vaccination (2015/2016 data, which is yet to be verified). The senior partner visited most patients with dementia at home each year for their annual review.
- Nationally reported data showed that outcomes for patients with mental health conditions were slightly below average but were improving. The practice had achieved 92.4% of the QOF points available for providing the recommended care and treatment for patients with mental health conditions. This was 0.8% below the local CCG average and 0.4% below the national average. Shortly after we inspected the practice, the QOF data for 2015/16 was published. This showed that the practice had improved their performance and achieved 97.4% of the QOF points available an increase of 5%.
- Nationally reported data showed that outcomes for patients with dementia were below average but were improving. The practice had achieved 91.2% of the QOF points available for providing the recommended care and treatment for patients with dementia. This was 4% below the local CCG average and

Good



Summary of findings

3.3% below the national average. Shortly after we inspected the practice, the QOF data for 2015/16 was published. This showed that the practice had improved their performance and achieved 97.5 % of the QOF points available an increase of 6.3%.

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. They 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.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was performing above the local and national averages in most areas. There were 275 forms sent out and 120 were returned. This is a response rate of 44% and represented 2.6% of the practice's patient list. Of those who responded:

- 88% found it easy to get through to this surgery by telephone (CCG average 79%, national average of 73%).
- 94% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 96% described the overall experience of their GP surgery as good (CCG average 88%, national average 85%).
- 90% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 79%, national average 78%).
- 97% found the receptionists at this surgery helpful (CCG average 89%, national average of 87%).
- 94% said the last appointment they got was very convenient (CCG average 94%, national average 92%).

- 90% described their experience of making an appointment as good (CCG average 77%, national average of 73%).
- 61% usually waited 15 minutes or less after their appointment time to be seen (CCG average 74%, national average 65%).

We reviewed 47 CQC comment cards that patients had completed. All of these were positive about the standard of care received; many of the cards very positive about the staff at the practice, they were described as helpful, polite and caring. Words used include very good, clean and professional.

We spoke with seven patients during or shortly after the inspection; including one member of the patient participation group. They said they were happy with the care they received. They said they thought the staff involved them in their care and explained tests and treatment to them. They thought the practice was clean and they said that urgent appointments were always available.

Areas for improvement

Action the service SHOULD take to improve

- Review the systems and processes in place to assess, monitor and improve the quality and safety of the service provided. Specifically, to enable lessons to be learned from significant events to prevent their reoccurrence, managing verbal complaints and using clinical audit to improve service quality

- Complete the process for the registration of the partnership with the Care Quality Commission
- Obtain evidence of all staff's immunity status against vaccine-preventable diseases such as measles.

Wenlock Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector and included a GP specialist advisor and expert by experience. An expert by experience is somebody who has personal experience of using or caring for someone who uses a health, mental health and/or social care service.

Background to Wenlock Road Surgery

Wenlock Road Surgery is registered with the Care Quality Commission to provide primary care services. The practice provides services to around 4,600 patients from two locations. We visited both of these addresses as part of the inspection.

- 171 Wenlock Road, Simonside, South Shields, Tyne and Wear, NE34 9BP.
- Flagg Court Health Centre, Dale Street, South Shields, Tyne & Wear, NE33 2LS.

Wenlock Road Surgery is situated in converted two-story building. Patient services are all on the ground floor. Access to the building is via a ramp. All reception and consultation rooms are fully accessible for patients with mobility issues. There is very limited on-site car parking; however, parking is available close to the practice.

Flagg Court is situated in a purpose-built building, which also accommodates other GP practices and several

community services. All reception and consultation rooms are fully accessible for patients with mobility issues. An onsite car park is available which includes dedicated disabled parking bays.

The practice has three GP partners (all male). There were no arrangements in place for patients to be able to see a female GP if they wanted to. The practice employs a practice manager, two practice nurses and six staff who undertake reception and administrative duties. The practice provides services based on a General Medical Services (GMS) contract agreement for general practice.

Wenlock Road Surgery is open at the following times:

- Monday, Tuesday and Friday 9am to 1pm and 3:30pm to 6pm.
- Wednesday 9am to 6pm.
- Thursday 9am to 2pm.
- Friday 9am to 1pm and 3:30pm to 6pm.

Flagg Court is open at the following times:

- Monday, Tuesday, Thursday and Friday 9am to 6pm.
- Wednesday 9am to 2pm.

The telephones are answered by the practice during their opening hours. This information is also available on the practice's website and in the practice leaflet. The service for patients requiring urgent medical care out of hours is provided by the NHS 111 service and Vocare, which is locally known as Northern Doctors Urgent Care Limited.

Appointments are available at Wenlock Road Surgery at the following times:

- Monday, Wednesday, Thursday and Friday 9am to 1:30pm and 3:30pm to 6pm.
- Tuesday 9:10am to 11:50am and 3:30pm to 6pm.
- Extended hours appointments are available 10am to 12:30pm on alternate Saturday mornings.

Detailed findings

Appointments are available at Flagg Court at the following times:

- Monday 9am to 1pm and 1:30p to 6pm or, 9:30am to 3pm and 3:30pm to 6pm alternate weeks.
- Tuesday and Wednesday 9:30am to 12:50pm and 3:30pm to 6pm.
- Thursday and Friday 9am to 1pm and 1:30pm to 6pm.
- Extended hours appointments are available at 6:30pm to 7:30pm on alternate Monday evenings.

The practice is part of NHS South Tyneside clinical commission group (CCG). Information from Public Health England placed the area in which the practice is located in the second most deprived decile. In general, people living in more deprived areas tend to have greater need for health. The practice has a proportion of patients who are from ethnic minorities (1.2% mixed, 5.4% Asian, 1.6% other non-white ethnic groups).

The proportion of patients with a long-standing health condition is above average (60% compared to the national average of 54%). The proportion of patients who are in paid work or full-time employment or education is below average (38.3% compared to the national average of 61.5%). The proportion of patients who are unemployed is above average (10.7% compared to the national average of 5.4%).

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. 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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 October 2016.

During our visit we:

- Reviewed information available to us from other organisations, such as NHS England. Reviewed information from the CQC intelligent monitoring systems.
- Spoke to staff and patients. This included two GPs, the practice manager, two nurses and two members of the reception team. We spoke with six patients who used the service including one member of the patient participation group (PPG). We spoke with one member of the extended community healthcare team who were not employed by, but worked closely with the practice.
- Looked at documents and information about how the practice was managed and operated.
- Reviewed patient survey information, including the National GP Patient Survey of the practice.
- Reviewed a sample of the practice's policies and procedures.

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

Detailed findings

- 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

- While staff appeared to understand their responsibilities to raise concerns and report incidents and near misses the practice did not have a significant event policy that provided guidance and support to staff.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available for staff to use to document these.
- In advance of the inspection, we asked the practice to provide us with a summary of any significant events in the last 12 months, the actions they had taken in response and how learning was implemented. Details of two significant events were provided; we became aware of two additional significant events during the inspection. The records relating to how these events were managed were reviewed; we found that the practice did not have a consistent approach to recording and managing significant events. The practice was not able to demonstrate that they carried out a thorough analysis when things went wrong that ensured lessons learned were used to support improvement. We were told that significant events were discussed at practice meetings. However, the minutes contained no record of the discussion that had taken place, what actions had taken place or were planned following the event.
- The provider was aware of and complied with the requirements of the duty of candour regulation. However, a strengthened process for managing significant events would support this ethos.
- Some incidents were also reported on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS).
- The practice had an effective system for reviewing and acting on safely alerts received.

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. We found that:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined

whom to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for adult and child safeguarding. The GPs attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to level three in children's safeguarding. Following a serious case review the practice had introduced a vulnerable patients' policy, following which staff can now easily record any initial concerns and, any raised are regularly discussed at practice meetings.

- Notices in the clinical rooms advised patients that staff would act as chaperones, 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 saw that the premises were clean and tidy. The nurse was the infection control lead; they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. We saw that infection control and hand washing audits were undertaken. Staff told us that they took action to address any issues raised.
- 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). Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS

Are services safe?

checks. However, the staff recruitment and induction process did not include the checking of non-clinical staff immunity status against vaccine-preventable diseases such as measles.

- The practice had a system in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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, which identified local health and safety representatives. The practice had an up to date fire risk assessment 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 and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly.

- 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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had appropriate 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 that alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks were available in a treatment room. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All of the medicines we checked were in date and fit for use.
- The practice had a business continuity plan. It included details of actions to be taken in the event of possible disruptions to service, for example, loss of power.

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.

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 85.4% of the total number of QOF points available compared to the local clinical commissioning group (CCG) average of 94.4% and the national average of 94.8%. At 0%, their clinical exception-reporting rate was 9.5% below the local CCG average and 9.2% below the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2014/2015 showed;

- Performance for the diabetes related indicators was below average (73.8% compared to the national average of 89.2%).
- Performance for the mental health related indicators was in line with the average (92.4% compared to the national average of 92.8%).
- Performance for the heart failure related indicators was above average (100% compared to the national average of 97.9%).
- The practice performed well in some other areas. For example, the practice had achieved 100% of the points available for seven of the 19 clinical domains (the arterial fibrillation, cancer, chronic kidney disease, epilepsy, heart failure, learning disability and palliative care domains).

The practice told us that it had not been possible for the data they collected for QOF to be correctly extracted from their clinical system for 2014/2015 and, that this may account for some of the poor performance as exception reporting was not taken account of. Shortly after we inspected the practice, the QOF data for 2015/16 was published. This showed that the practice had improved their QOF performance, with an overall achievement of 90.1%, (local CCG average of 96.3%, and a national average of 95.3%), and an overall exception reporting rate of 9.9%.)

- Performance for the diabetes related indicators was 82.9%, an improvement of 9.1%
- Performance for the mental health related indicators was 97.4%, an improvement of 5%.

There was some evidence of quality improvement work. However, clinical audit was limited. We found that:

- We saw evidence of one two-cycle audit that looked at patients who were prescribed statins to ensure that patients were managed in line with national and local guidelines. The first audit, completed in April 2015, showed that only 46.1% of patients were managed in line with the guidance. When the second audit was completed in April 2016, 57% of patients were now managed in line with the guidance, an increase of 10.9%. However, the practice was not able to effectively describe why this topic had been chosen based on the practice's population.
- In March 2016, the practice had completed a medication review of patient's prescribed Tamoxifen to ensure that patients were not prescribed any medications known to reduce its effectiveness following a Medical and Healthcare products Regulatory Authority MHRA alert in November 2010.
- The practice participated in clinical commissioning group (CCG) medicines optimisation and prescribing quality work to provide cost effective care.

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, including locum GPs. It covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff. For

Are services effective?

(for example, treatment is effective)

example, for those reviewing patients with long-term conditions. Staff who took samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by having access to on-line resources and discussion at practice meetings.

- Staff received training which included: safeguarding, basic life support, information governance and equality and diversity. Staff had access to and made use of in-house training and external training. An e-learning package had recently been purchased by the practice and would be used by the practice to ensure mandatory training was completed and monitored. Each member of staff would be allocated training as part of their next appraisal.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We saw that staff training needs were monitored. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

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 and intranet systems.

- This included 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 with other health and social care services 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, when they were referred or, after they were discharged from hospital.
- We saw evidence that multi-disciplinary team (MDT) meetings took each month. The district nurses and health visitors that worked with the practice were

invited to attend part of the practice's monthly meeting to discuss and areas of concerns and vulnerable patients. The practice held quarterly palliative care meetings.

- Bi-monthly integrated care meetings had very recently been introduced as part of a local CCG project, however, no meetings had yet been held.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed their capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- This included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking cessation.
- Information such as NHS patient information leaflets was also available.
- The practice's website provided a good range of health information and details of support services available for patients.

The practice's uptake for the cervical screening programme was 74.2%, which was below the local average of 81.9% and national average of 81.8%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two years old ranged from 28.3% to 100% (CCG average 24.8%)

Are services effective? (for example, treatment is effective)

to 98.9%). For five year olds rates ranged from 96.5% to 100% (CCG average 96.2% to 99.1%). The practice worked to encourage uptake of screening and immunisation programmes with the patients at the practice.

Patients had access to appropriate health assessments and checks. 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 saw that 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. However, on the day of the inspection we were able to overhear a conversation in the Flagg Court waiting area that included confidential information.
- On the day of the inspection, we saw that staff were caring and that they treated the patients with respect.

We reviewed 47 Care Quality Commission comment cards completed by patients. All of these were very positive about the care and service experienced. Several said the care provided was very good and that they staff at the practice were caring, polite and or professional.

Results from the National GP Patient Survey, published in July 2016, showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. Of those who responded:

- 96% said they had confidence and trust in the last GP they saw or spoke to (CCG average 96%, national average 95%).
- 92% said the GP they saw or spoke to was good at listening to them (CCG average 91%, national average 89%).
- 95% said the GP they saw or spoke to gave them enough time (CCG average 89%, national average 87%).
- 93% said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 100% had confidence or trust in the last nurse they saw or spoke to (CCG average 98%, national average 97%).
- 95% said the last nurse they saw or spoke to was good at listening to them (CCG average 92%, national average 91%).

The practice gathered patients' views on the service through the national friends and family test (FFT). (The FFT

is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices). Data from the most recent Friends and Family Survey carried out by the practice, from June 2016 to August 2016, showed that, from 321 respondents, 96% of patients said they would be extremely likely or likely to recommend the service to family and friends. Only 2% of patients would be unlikely to recommend the service to family and friends.

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.

Results from the National GP Patient Survey, published in July 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Of those who responded:

- 90% said the last GP they saw was good at explaining tests and treatments (CCG average of 88%, national average of 86%).
- 91% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%).
- 94% said the last nurse they saw was good at explaining tests and treatments (CCG average 92%, national average 90%).
- 85% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 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.
- A hearing loop was available for patients who were hard of hearing.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice website also provided a range of health advice and information.

The practice's computer system alerted GPs if a patient was also a carer. The practice had links to support organisations and referred patients when appropriate. The practice had identified 82 of their patients as being a carer (1.7% of the practice patient population). Sixty-four percent of carers on

this register had an influenza immunisation completed in the last year and 64% of the carers on this register had had a carers health in the last year (2015/2016 data, which had not yet been verified).

Staff told us that if families had suffered bereavement, the practice contacted them by telephone and would then offer support in line with the patient's wishes. When appropriate patients are offered a mental health review following bereavement to ensure formal support can be arranged if required.

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 their 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 was aware of the needs of their practice population and provided services that reflected their needs. We found that:

- The practice responded to the results of their patient survey by trailing an adapted appointment system. For one GP they had recently introduced longer appointments, with twelve minutes available instead of the current standard ten-minute appointment. One GP's clinical sessions now included time to 'catch up' during the session. This trial was still on going and had not yet been evaluated.
- When a patient had more than one health condition that required regular reviews, they were able to have all the healthcare checks they needed completed at one appointment if they wanted to.
- The practice held regular clinics to provide childhood immunisations.
- There were longer appointments available for patients with a learning disability, patients with long terms conditions and those requiring the use of an interpreter when requested.
- The practice aimed to ensure the needs of their Bengali speaking patients were met; one of the GPs spoke Bengali, as did the most recently recruited receptionist. They had also met with the local community organisation and hoped to develop links that would support patient engagement with the Bengali community.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions. The practice's appointment system set aside two same day appointments for older patients each day as well as a one same day appointment for under 16's after school hours each day.
- Patients told us that routine and urgent appointments were available when required.
- Patients were able to receive travel vaccinations that were available on the NHS.
- Smoking cessation support and dietary advice was provided by the practice.
- There were disabled facilities, a portable hearing loop and translation services were available.
- Patients could order repeat prescriptions and book GP appointments on-line.
- The practice provided contraceptive and sexual health advice to patients.
- The practice had engaged with a local service that supported patients to improve their mental health and well-being. Patients could be referred by a GP or self-refer.

However, we did not see any evidence that arrangements had been made for patients to be able to see a female GP if they wanted to.

Access to the service

Appointments were available at Wenlock Road Surgery at the following times:

- Monday, Wednesday, Thursday and Friday 9am to 1:30pm and 3:30pm to 6pm.
- Tuesday 9:10am to 11:50am and 3:30pm to 6pm.
- Extended hours appointments are available 10am to 12:30pm on alternate Saturday mornings.

Appointments were available at Flagg Court at the following times:

- Monday 9am to 1pm and 1:30p to 6pm or, 9:30am to 3pm and 3:30pm to 6pm alternate weeks.
- Tuesday and Wednesday 9:30am to 12:50pm and 3:30pm to 6pm.
- Thursday and Friday 9am to 1pm and 1:30pm to 6pm.
- Extended hours appointments are available at 6:30pm to 7:30pm on alternate Monday evenings.

Results from the National GP Patient Survey, published in July 2016, showed that patients' satisfaction with how they could access care and treatment was generally above local and national averages. Of those who responded:

- 89% of patients were satisfied with the practice's opening hours (CCG average 81%, national average of 76%).
- 88% patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).

Are services responsive to people's needs?

(for example, to feedback?)

- 94% patients said they able to get an appointment or speak to someone last time they tried (CCG and national average 85%).
- 57% feel they normally don't have to wait too long to be seen (CCG average 67%, national average 58%).
- 90% describe their experience of making an appointment as good (CCG average 77%, national average 73%).

The practice responded to the results of this survey by trailing an adapted appointment system. For one GP they had recently introduced longer appointments, with twelve minutes available instead of the current standard ten-minute appointment. One GP's clinical sessions now included time to 'catch up' during the session. This trial was still on going and had not yet been evaluated.

Patients told us 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.

This was done by gathering information from the patient when they called to request an urgent appointment. A GP reviewed all relevant information and ensured an appointment was allocated when needed.

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.

We also spoke with seven patients during the inspection; including one who was a member of the patient participation group. They told us that routine and urgent appointments were available when required.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice; GPs provided clinical oversight when required.
- We saw that information was available to help patients understand the complaints system. Information was on display in the reception area, in the practice leaflet and on the practice website.

We looked at the two complaints received in the last 12 months; both had been received in the month before the inspection via external organisations. We found that the practice had not yet responded to these complaints; they were both currently at the stage of being reviewed by the GPs in order to provide an appropriate response. We looked at one complaint that had been received about 18 months ago and found that this was dealt with in a timely way and with openness and transparency. The practice told us they were not recording and monitoring verbal complaints. We discussed this with the practice and they agreed it was appropriate to record verbal complaints.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice aims included 'to provide a high quality primary care' and 'provide accessible medical care to our patients when they need it'. Most staff were aware of the practice's aims and objectives and, on the day of the inspection, we saw evidence of a strong patient centred culture.

Governance arrangements

The practice had an overarching governance framework, which supported the delivery of their strategy and good quality care. However, we found that improvements could be made. We found that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. However, staff told us that working at two locations created additional pressures on the management of the practice.
- Staff appeared to understand their responsibilities to raise concerns and report incidents and near misses in the practice. However, the governance of such events would be strengthened by improved processes to manage and learn from significant events and the consideration of verbal complaints.
- The governance of the practice did not support a comprehensive understanding of the performance of the practice. For example, the practice's Quality and Outcomes Framework (QOF) performance was not discussed at the monthly practice meetings.
- Practice specific policies were implemented and were available to all staff. However, the practice did not have a significant event policy that provided guidance and support to staff.
- Some quality improvement work was taking place. However, clinical audit governance would be strengthened if clinical audit was effectively linked to improved patient outcomes.
- The practice had taken advice from the CQC on how to amend the practice's partnership details but they had not submitted the required registration forms to complete the process.

Leadership and culture

The practice 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.

The provider was aware of and complied with the requirements of the duty of candour regulation. However, a strengthened process for managing significant events would support this ethos.

(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). The practice had systems in place for knowing about notifiable safety incidents.

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

- The practice held regular practice meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident in doing so and were supported if they did.
- Practice specific policies were implemented and were available to all staff.
- Staff said they felt respected, valued and supported by the partners. During the inspection we saw that staff and the management of the practice had good working relationships.

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:

- Their patient participation group (PPG), surveys and complaints received. The practice told us that they found it hard to establish an active patient participation group. One member had recently been recruited, when we spoke to them they told us that the practice was open, that they had discussed the issues faced by the practice and that they had sought their opinion on the issues faced. They also told us they hoped to develop the group and that they were being supported by the practice. The practice carried out a regular patient

Are services well-led?

Requires improvement 

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

survey and we saw that the practice had shared the comments made by patients and addressed some of their concerns; this information was available on the practice website.

- The practice had gathered feedback from staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice team was forward thinking and was planning effectively for changes at the practice.

For example:

- The practice was aware of the need to actively succession plan as the lead GP had reduced the number of clinical sessions they carried out.