

# Windsor Medical Centre

## Quality Report

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Date of inspection visit: 10 May 2017

Date of publication: 13/07/2017

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 of this practice on 13 January 2016 which was previously managed by a different provider. The previous provider was Dr Ajit Pratap Mehrotra.

We rated the practice as inadequate in three domains; safe, effective and well led. Caring and responsive were rated as good. The practice was placed into special measures.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Dr Ajit Pratap Mehrotra on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

A new provider, Dr Mangipudi Jayashree was awarded a contract to provide regulated activities at the same location from 10 April 2017. The new provider changed the name of the practice to Windsor Medical Centre.

We undertook an announced comprehensive inspection of Windsor Medical Centre on 10 May 2017 to check that the practice had responded to the concerns which were identified during the inspection of 13 January 2016. The practice is now rated as good overall.

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the clinical skills, knowledge and experience to deliver effective care and treatment. All staff were up to date with mandatory training.
- Risks to patients were assessed and well managed. For example, health and safety and legionella risk assessments had been undertaken.
- Information about services and how to complain was available and easy to understand.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

# Summary of findings

- Patients said they found it easy to make an appointment with a named GP and that 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.
- The practice had established governance arrangements including systems for assessing and monitoring risks and the quality of the service provision. For example the practice had increased the number of audits. The practice had introduced processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Records relating to people employed included information relevant to their employment in the role including their professional registration and indemnity. The practice ensured there was a process in place for undertaking disclosure and barring service checks (DBS) and assessed the different responsibilities and activities of staff to determine if they are eligible for a DBS check and to what level.

- The practice provided staff with appropriate up to date policies and guidance to carry out their roles in a safe and effective manner which were reflective of the requirements of the practice and local CCG.
- The practice securely maintained accurate, complete and contemporaneous patient records.
- The practice engaged with the CCG medicines management team to audit prescribing. Inappropriate prescribing of some medications had been reduced in line with local guidelines.

The areas where the provider should make improvement are:

- Review their systems and process for checking expiry dates of medicines and consumables held within the practice to provide assurance they are effective.
- Review their policies and procedures around exception reporting, to reduce their exception reporting overall and to be assured that eligible patients are being encouraged to attend for screening.

I am taking this service out of special measures. This recognises the considerable improvements the new provider has made to significantly improve the quality of care provided. These improvements now need to become embedded in the practice and sustained, moving forwards.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

At the previous inspection on 13 January 2016 we identified that the registered provider at that time could not evidence systems and processes to assess, monitor or improve the quality and safety of the services provided. At the inspection on 10 May 2017 we saw evidence that the new provider had taken action to address these issues and had implemented systems and processes to reduce the risk of harm to patients and keep them safe.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When there were unintended or unexpected safety incidents, lessons learned were communicated widely to support improvement. All incidents were reported and investigated.
- There was a single patient record system. The practice no longer used a combination of electronic and paper clinical records. The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Administrative staff reauthorised repeat prescriptions for patients on the clinical system after verbal approval had been received from the GP and recorded.
- Controlled drugs were no longer available at the practice. However, during our visit we identified out of date Ventolin ampules (inhaled into your lungs to relieve the symptoms of asthma and other breathing problems). These were destroyed during our visit and replaced immediately.
- Risks to patients who used services were assessed; the systems and processes to address these risks were implemented well enough to ensure patients were kept safe. For example, Health & Safety, fire safety and legionella risk assessments had been undertaken in the last six months.
- We saw that two sharps bins had not been replaced within three months, we were assured that they would be replaced immediately. We received confirmation that these were replaced the day after the inspection.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

At the previous inspection on 13 January 2016 we found the registered provider at that time had failed to identify the risks

Good



# Summary of findings

associated with not ensuring staff were appropriately qualified or recruited and that the clinical patient record system used a combination of electronic and paper clinical records. We found discrepancies between the two systems. At the inspection on 10 May 2017 we saw evidence that the new provider had taken action to address the issues noted and were providing effective services to patients which met their needs.

- Data from the Quality and Outcomes Framework showed patient outcomes at this practice were variable compared to other practices in the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Mandatory training was all up to date.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams 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 from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, 92% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%. (This data related to the previous provider). Patients comments we received aligned with these views.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff 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. For example, staff

Good



# Summary of findings

attended CCG and practice cluster meetings. The practice had worked with a care co-ordinator and engaged with the medicines management team to improve prescribing in line with guidelines.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of access. For example, 99% found it easy to get through to this surgery by phone compared to a CCG average of 68% and a national average of 73%. This data related to the previous provider. Patients comments we received aligned with these views.
- Patients could access appointments and services in a way and at a time that suited them. For example, the practice offered telephone consultations, open access and evening sessions.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand.

## Are services well-led?

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

At the previous inspection on 13 January 2016 we found that the practice under the direction of the previous provider was not well led. For example, the practice did not have a clear vision and strategy. Business continuity plans were insufficient; the practice did not have an overview of staff training or the professional registration status of staff. Arrangements were not in place to keep staff mandatory training up to date. At the inspection on 10 May 2017 we saw that the new provider had taken action to address these concerns.

- The practice had a clear vision and strategy. Business continuity plans were updated.
- The practice had an overview of staff training and the professional registration status of staff.
- Arrangements were in place to keep staff mandatory training up to date.
- The practice had consistent repeat prescribing protocols.
- There was a single patient record system.
- The pharmacist had updated the prescription security protocols and the prevention of the misuse of drugs policy.
- Staff were clear about their job roles and responsibilities.
- There was a leadership structure and staff felt supported by management.

**Good**



# Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The practice encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about notifiable safety incidents. Information and learning from incidents was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had a number of policies and procedures to govern activity, all of these were reviewed in the last six months.
- All staff received regular appraisals.
- The practice held regular documented practice governance meetings. Issues were discussed and recorded.

# 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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older people had care plans where necessary.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed. 86% of patients with rheumatoid arthritis, on the register, had a face-to-face annual review in the preceding 12 months compared to the CCG average of 90% and the national average of 91%. This data relates to the previous provider.
- The practice supported eight patients in three care homes.
- Housebound patients were visited annually for review and regular reviews were undertaken by the community matron.
- Dementia screening was carried out on all eligible patients.
- Patients were referred to Audiology for the provision of a hearing aid at either Dewsbury District Hospital or the local optician.
- The practice had a hearing aid loop installed in the surgery.
- Multi-disciplinary team (MDT) meetings were carried out at the practice regularly where agencies were invited and attended and vulnerable older people and those with complex needs were discussed. These included community matrons, pharmacists, district nurses and palliative care teams.

### 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. Patients discharged from hospital were contacted by the practice to identify needs. For example, medications or patient review appointments.
- A practice nurse was the diabetic lead. Over 91% of patients with diabetes, on the register, had a record of a foot examination and risk classification compared to the CCG



# Summary of findings

average of 86% and the national average of 88%, with exception reporting of 5% which was 1% percentage point above CCG average and 2% above the national average. This data related to the previous provider.

- 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 care professionals to deliver a multidisciplinary package of care.
- All asthma patients were offered flu vaccines annually and pneumonia vaccines as per national guidelines.

## Families, children and young people

The practice is rated as requires improvement 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, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 77% of patients with asthma, who were on the register, had received an asthma review in the preceding 12 months compared to the CCG average of 74% and the national average of 70%, with exception reporting of 10% (which was 4% above CCG average and 2% above the national average). This data related to the previous provider.
- Patients we spoke with told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We were told about positive examples of joint working with midwives, local palliative care nurses, health visitors and school nurses.
- The practice should review their policies and procedures around exception reporting, to reduce their exception reporting overall and to be assured that eligible patients are being encouraged to attend for screening.

**Requires improvement**



## 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.
- Afternoon and evening open access clinics were available to working people.

## 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 including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams 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.

## 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 relating to the previous provider showed:

Good



- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was slightly below the national average of 84%.
- 83% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate compared to the CCG average of 78% and the national average of 77%, with exception reporting of 17% which was 7% percentage points above CCG average and 4% above the national average.

# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- 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. For example, local carer and Alzheimer's support groups.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice was a registered dementia friendly location. Staff had received training to understand the needs of patients with dementia. We saw evidence that dementia training was booked for 15 May 2017 for patients and non-clinical staff. There was a poster in reception advertising this training session.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. This data related to the previous provider. The results showed the practice was performing above local and national averages. A total of 287 survey forms were distributed and 117 were returned giving a response rate of 41%. This represented 5% of the practice's patient population.

- 99% found it easy to get through to this surgery by phone compared to a CCG average of 68% and a national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 92% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).

- 89% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 74%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were positive about the standard of care received. Patients commented that staff were polite, helpful and listened to patients. Patients could get appointments easily and benefitted from the 'walk in' service, these views aligned with the findings of the national survey.

We spoke with six patients during the inspection. All six patients said they were happy with the care they received, found it easy to make appointments, staff were friendly with children and babies and they thought staff were approachable and caring.

## Areas for improvement

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

- Review their systems and process for checking expiry dates of medicines and consumables held within the practice to provide assurance they are effective.
- Review their policies and procedures around exception reporting, to reduce their exception reporting overall and to be assured that eligible patients are being encouraged to attend for screening.

# Windsor Medical Centre

## 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 advisor, a second GP specialist advisor (as an observer) and a second CQC inspector.

## Background to Windsor Medical Centre

Windsor Medical Centre provides primary care services to 1,988 patients under a Personal Medical Service Contract.

The practice is located at 2 William Street, Leeds Road, Dewsbury, WF12 7BD, in purpose built premises with all patient services at ground level. There is wheelchair access and parking for staff and patients.

The majority of patients live within a three mile radius of the practice. The area is in the fourth most deprived decile. Twenty three per cent of patients are from black and minority ethnic (BME) populations and 6% of patients claim disability living allowance.

There is one female GP, a locum male GP, one female practice nurse, a practice manager, a deputy practice manager and an administrative team. When a patient requested a male GP this was provided by a neighbouring GP practice.

The practice is open between 8.30am and 6.30pm Mondays, Tuesdays, Wednesdays and Fridays.

Appointments are from 8.45am and 11.45am every morning and 4pm to 6pm Monday, Tuesday and Friday. 2.30pm to 4.15pm Wednesday. The practice is closed from

3pm on Thursday afternoons, cover is provided by a neighbouring GP practice. Extended surgery hours are offered from 6.30pm to 7.30pm on Tuesdays and Fridays. The practice offered a walk in afternoon service Monday to Friday.

The practice provide an extended service on a Monday morning with the practice nurse and health care assistant (HCA) as a result of feedback from patients indicating a need for more appointments with the HCA.

Out of hours services are provided by Local Care Direct and NHS 111.

## 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 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 10 May 2017. During our visit we:

# Detailed findings

- Spoke with a range of staff including a GP, practice manager, deputy practice manager, clinical pharmacist, a phlebotomist, a nurse and administrative staff and spoke with patients who used the service.
- Observed how staff interacted with patients and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed five questionnaires given to reception/administration staff prior to the inspection.
- Reviewed 18 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

At the previous inspection on 13 January 2016 we identified that the registered provider at that time could not evidence systems and processes to assess, monitor or improve the quality and safety of the services provided. At the inspection on 10 May 2017 we saw evidence that the new provider had taken action to address these issues and had implemented systems and processes to reduce the risk of harm to patients and keep them safe.

### Safe track record and learning

There were systems in place for reporting and recording significant events and we saw evidence that these were investigated and discussed with staff. For example, a patient who had received a needle stick injury was discussed at the monthly meeting where the reporting process was discussed and staff members were informed of the correct procedure to follow. A review of significant events had been carried out to identify themes and trends, None had been identified.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, alerts were received and logged on the computer system and appropriate action was taken.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### 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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of

staff for safeguarding. The GP attended safeguarding meetings when possible and would provide reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GP and nurse was trained to Safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones had received training for the role from the clinicians in the practice. Every staff member was chaperone trained in April 2017 by the lead GP. Staff we spoke with understood their responsibilities when undertaking the role. Staff had received Disclosure and Barring Service checks (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse was the infection prevention and control (IPC) clinical lead who consulted the local CCG intranet site to keep up to date with best practice. There was an IPC protocol in place. IPC audits were undertaken annually. The last audit was in July 2016. We saw evidence that action was taken to address any improvements required as a result.
- There were systems in place to ensure that medicines and healthcare products regulatory agency (MHRA) alerts were communicated to staff via email and the emails were updated to ensure staff were kept up to date with any related safety warnings and advice.
- The arrangements for monitoring patients who were being prescribed high risk medicines and those who received vaccinations in the practice kept patients safe. The practice carried out regular medicines audits, with the support of the North Kirklees CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. We spoke with the CCG medications lead on the day of the inspection who confirmed their role and work carried out at the practice. Prescription pads were securely stored and we saw there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are documents permitting the supply of prescription-only medicines to groups of patients, without individual prescriptions.

## Are services safe?

- Controlled drugs (CD) were no longer available at the practice. All the CDs were destroyed in the presence of practice manager by the responsible officer for CDs as they were available from the local Chemist. However, during our visit we identified out of date Ventolin ampoules (inhaled into your lungs to relieve the symptoms of asthma and other breathing problems). These were destroyed during our visit and replaced immediately.
- Antibiotic prescribing data showed a 30% decrease in the use of penicillin over the past nine months. This was acknowledged by the CCG senior medicines and optimisation team. We saw a copy of the acknowledgment letter dated 9 May 2017.
- We reviewed four personnel files and found recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. All staff had received the appropriate checks through the Disclosure and Barring Service (DBS).
- Confidential waste was placed in a secure labelled bin.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were sufficient procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy dated 2017 available, with a poster displayed which identified local health and safety representatives. The practice had a documented and up to date fire risk assessment. Fire alarm system testing and drills were carried out and documented. Staff could describe the action to take in the event of a fire.
- 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 undertaken risk assessments to monitor safety of the premises such as infection control and legionella (legionella is a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

### Arrangements to deal with emergencies and major incidents

The practice had satisfactory 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 had received annual basic life support training in 2017 and there were emergency medicines available.
- 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 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 fit for use.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. From the plan it was clear what staff should do in the event of an emergency. The plan included actions to be taken in the event of an emergency and appropriate contact information.



# Are services effective?

(for example, treatment is effective)

## Our findings

At the previous inspection on 13 January 2016 we found the registered provider at that time had failed to identify the risks associated with not ensuring staff were appropriately qualified or recruited and that the clinical patient record system used a combination of electronic and paper clinical records. We found discrepancies between the two systems. At the inspection on 10 May 2017 we saw evidence that the new provider had taken action to address the issues noted and were providing effective services to patients which met their needs.

### 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 attended CCG updates and had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' 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 98% of the total number of points available, with 6% exception reporting compared to the CCG average of 7% and the national average of 8%. (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 data related to the previous provider.

Data from 2015/16 showed;

- The practice had a nurse who offered diabetic support and health checks. 91% of patients with diabetes, on the register, had a record of a foot examination and risk

classification compared to the CCG average of 85% and the national average of 81%, with exception reporting of 4% which was 2% percentage points below CCG average and 4% below the national average.

- 90% of patients with diabetes, on the register, had received an influenza immunisation in the preceding 1 August to 31 March compared to the CCG and national averages of 87% with exception reporting of 10% which was 10% percentage points below CCG average and 10% below the national average.
- Performance for mental health related indicators was above the CCG and national average. 83% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate compared to the CCG average of 79% and the national average of 84% with exception reporting of 17% which was 7% percentage points above CCG average and 4% above the national average.

The practice was a member of the local GP federation 'CURO' and was supported by other practices partners in this role. As a member of the federation the practice was able to signpost patients to the most appropriate care, service or clinician that could meet their needs.

Clinical audits demonstrated improvement.

- There had been three clinical audits completed in the last two years. Two of these were completed two cycle audits (Dec 2016 and April 2017) carried out by the new provider. We saw evidence that the audits and themed reviews were discussed at multi-disciplinary meetings and joint decisions taken.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- The practice engaged with the CCG medicines management team to audit prescribing. Inappropriate prescribing of some medications had been reduced in line with local guidelines. For example, the practice reduced inappropriate prescribing of benzodiazepines by 35% in the previous year. (Benzodiazepines are a group of medicines that can be used to help with severe sleeping difficulties or anxiety).

### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had 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 access to on line resources and discussion at local practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating the GP. All staff had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, and information governance awareness. Training in fire safety, infection prevention and control and basic life support were all in date. Staff had access to and made use of in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was always available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. For example, an electronic patient records system was used by the practice. We reviewed patient records and noted they were complete.

The practice always shared relevant information with other services in a timely way, for example when referring patients to the care co-ordinator and other services. We reviewed the electronic records of a patient who had recently attended the practice and the local out of hours services. We observed clinical entries on the patient's

electronic record were made by out of hours staff, we could also see a task entry that was actioned by the practice. This demonstrated that care for patients at this practice was co-ordinated effectively.

Staff worked together and 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, including when they were referred, or after they were discharged from hospital. The practice referred patients to the CCG care co-ordinator who helped patients to access health and social care services. We saw evidence that multi-disciplinary team meetings included the local palliative care nurses and took place on a monthly basis. Care plans were routinely reviewed and updated.

### 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 and documented assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from a practice nurse. 100% of patients aged 15 or over who were recorded as current smokers had a record of an offer of support and treatment within the preceding 24 months compared to the CCG and national averages of average

# Are services effective?

(for example, treatment is effective)

of 87% with exception reporting of 0% which was 4% percentage points below CCG average and 5% below the national average. This data related to the previous provider.

- The practice's uptake for the cervical screening programme was 84% which was an increase of 4% from the previous year and above the CCG and national averages of 82% with exception reporting of 33% which was 12% percentage points above CCG average and 13% above the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. This data related to the previous provider.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. The number of patients screened for bowel cancer within the last 30 months was 51% which was

lower than the CCG average of 54% and the national average of 58%. The number of patients screened for breast cancer within the last 36 months was 66% which was lower than the CCG average of 69% and the national average of 73%. However we saw that posters and leaflets were displayed around the practice and clinicians were encouraging patients to undergo screening. This type of screening was discussed as being culturally sensitive for high numbers of the patients.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 95%. Immunisation rates for five year olds were 95%. This data related to the previous provider.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff demonstrated when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice had a number of staff members who had worked at the practice for over ten years. Staff had built excellent relationships with patients and their families.

Most of the 18 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service, they valued the open access clinic and said staff were helpful, caring and treated them with dignity and respect especially children and babies. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

The practice had a patient participation group (PPG). Members of the PPG told us that the GP and practice manager attended meetings.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. This data related to the previous provider. The practice was in line with or above average for most of its satisfaction scores on consultations with GPs and nurses. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 91% said the GP gave them enough time (CCG average 87%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).

- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).
- 95% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 96% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).

The views of patients we spoke to and comment cards we received aligned with these results.

### 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 on the comment cards we received was also positive and aligned with these views.

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 above local and national averages. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 91% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available and patient leaflets were available in different languages.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, local safeguarding, carer and Alzheimer's support groups.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified and coded 49 patients as carers, which is 2.4% of the patient list. The practice estimated this number at 150 patients but discussed with us that many of this group did not view themselves as carers when they were caring for their relatives, and so had not been identified by the practice. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced 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.

# 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.

- Staff told us that patients were not turned away from this service and the GP frequently worked later than the available appointment times to ensure all patients who attended were seen. Patients valued the walk in Monday to Friday afternoon service and these views aligned with the comment cards.
- There were longer appointments available for patients with a learning disability.
- 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 had a policy not to refuse same day care to children.
- 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 and translation services available.

### Access to the service

The practice was open between 8.30am and 6.30pm Mondays, Tuesdays and Fridays.

Appointments were from 8.45am and 11.45am every morning and 4pm to 6pm Monday, Tuesday and Friday, 2.30pm to 4.15pm Wednesday. The practice was closed on Thursday afternoons, cover was provided by a neighbouring GP practice. The practice offered a walk in afternoon service Monday to Friday.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages. This data related to the previous provider.

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 99% patients said they could get through easily to the surgery by phone (CCG average 68%, national average 73%).
- 89% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 59%).
- 62% of patients felt they didn't normally have to wait too long to be seen compared to the CCG average of 60% and national average of 58%.

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

### 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. Posters and information about how to make a complaint were displayed in the waiting area.



# Are services well-led?

Good 

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

## Our findings

At the previous inspection on 13 January 2016 we found that the practice under the direction of the previous provider was not well led. For example, the practice did not have a clear vision and strategy. Business continuity plans were insufficient; the practice did not have an overview of staff training or the professional registration status of staff. Arrangements were not in place to keep staff mandatory training up to date. At the inspection on 10 May 2017 we saw that the new provider had taken action to address these concerns. These improvements now need to become embedded in the practice and sustained, moving forwards.

### Vision and strategy

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

- The practice had an effective strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### 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 staff were aware of their own roles and responsibilities. The practice had an overview of training undertaken by staff via a training matrix and mandatory training had been completed by all staff.
- The practice kept records of professional indemnity for clinical staff.
- Practice specific policies were implemented and were available to all staff. All of the policies were in date and stored in a shared electronic area.
- The practice had an effective clinical record system. The practice now used a single electronic patient record system.
- The practice had a consistent repeat prescribing protocol. Administrative staff had been authorised to issue repeat prescriptions on the clinical system after verbal approval from the GPs had been received and recorded. The GP gave assurance that all prescriptions would continue to be authorised by them.

- Medicines management policies and protocols were in date. However the practice should review their systems and process for checking expiry dates of medicines and consumables held within the practice to provide assurance they are effective.
- A comprehensive understanding of the performance of the practice was maintained.
- Individual audits and focused reviews had been undertaken. There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were sufficient arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The practice staff had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The management were visible in the practice and staff told us they 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. The management team encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice staff 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 that they communicated verbally to raise and resolve issues. The practice held a record of regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues to the GP or practice manager and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the GP in the practice. All staff were involved in discussions about how to manage and

# Are services well-led?

Good 

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

develop the practice, and the management team 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 surveys and suggestions received. The practice had commissioned a company to carry out a patient survey in May 2016 and there were plans to repeat this in 2018. The results showed that 81% of patients surveyed found the practice helpful and that 94% of patients would recommend the practice to friends and family. For example additional morning appointments with clinicians were scheduled as a result of feedback.
- The practice had gathered feedback from staff generally through verbal discussion, appraisals and discussion.

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.

- We saw a copy of the condolence book as a long serving GP had passed away. The 40 pages of good wishes and positive comments demonstrated how caring, responsive and supportive the whole practice was to the patient population it served.

## **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 schemes to improve outcomes for patients in the area. For example we were told that the practice had offered a walk in service every day in the afternoons. The practice had been able to see that they had the lowest attendance at the A&E 'Walk in Centre' and also had reduced unplanned admissions compared to local practices. The practice also offered bi-monthly protected learning time (PPT) to enhance staff development.