

# West End 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



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 on 6 September 2016 to check improvements had been made since our initial inspection; overall the practice is rated as requires improvement.

We initially carried out an announced comprehensive inspection at West End Surgery on 11 January 2016. The practice was rated inadequate for providing safe, effective, responsive and well-led services and requires improvement for providing caring services. The overall rating for the practice was inadequate and it was placed in special measures for a period of six months.

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

- There was an open and transparent approach to safety within the practice. Effective systems were in place to report, record and learn from significant events.
- Risks to patients were assessed and well managed.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Training was provided for staff which equipped them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients told us they were generally able to get an appointment with a GP when they needed one, with urgent appointments available on the same day, and that continuity had improved with the appointment of two additional GPs and less dependence on locums.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.

# Summary of findings

- The practice had forged links with neighbouring practices, previously rated as outstanding in at least one domain, to share ideas and create a forum for discussion with the intention of improving services provided to patients.

However there was one area the practice must still make improvements:

- Ensure all clinical staff have undergone appropriate background checks.

At this inspection we found the provider had increased their capacity, both in terms of management and clinical staff, to ensure changes were being made towards making and sustaining improvements in quality. I am therefore taking this service out of special measures. This recognises the improvements being made to the quality of care provided by this service.

**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.

**Requires improvement**



- There was an effective system in place to ensure significant events were reported and recorded.
- Lessons were shared internally and externally when appropriate to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, information and apologies where appropriate. They were told about any actions to improve processes to prevent the same thing happening again. This was an area of recent development and historic complaints were being entered onto the system to assist in analysis of trends and ensure full review was possible.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were well assessed and managed within the practice.
- Appropriate recruitment checks had been carried out on recently recruited staff. However there were two clinicians who had still not undergone a Disclosure and Barring Service check, and this had been previously highlighted in our first comprehensive inspection in January 2016 as an area of concern.

### Are services effective?

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

**Requires improvement**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with the national average.
- Staff used current evidence based guidance and local guidelines to assess the needs of patients and deliver appropriate care.
- There was an ongoing programme of clinical audit within the practice. The audits undertaken demonstrated improvements in quality.
- 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.

# Summary of findings

- 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 requires improvement for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Views of external stakeholders were positive about the recent changes within the practice and aligned with our findings.

**Requires improvement**



## Are services responsive to people's needs?

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

- Patients told us urgent appointments were generally available the same day with the GP of their choice and that reception staff were accommodating to patients' needs.
- The practice offered extended opening hours during two mornings a week, to offer a flexible service to meet the needs of its patients.
- Information about how to complain was available and easy to understand and evidence showed the practice now responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. This had been a recent development however evidence showed that it was embedded and well managed and historic complaints had been added to the system to ensure they were considered in trend analysis.

**Requires improvement**



## Are services well-led?

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

- The practice had developed a clear vision and strategy to deliver high quality care and promote good outcomes for patients. This was underpinned by a clear practice ethos and a mission statement which was shared with patients throughout the practice.

**Requires improvement**



# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There had been significant improvements in the overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The lead GP had established links with two neighbouring practices to share ideas and increase communication to develop care in the area.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had engaged with their patient participation group who met every month and were joined by a member of staff to ensure open communication with the practice.

# 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 requires improvement for the care of older people. The practice is rated as requires improvement for all domains. The concerns that led to these ratings apply to everybody using this practice including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Monthly multidisciplinary meetings were held to review frail patients and those at risk of hospital admission to plan and deliver care appropriate to their needs.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- To aid communication with patients, details of support workers and carers were recorded on the patient's record.
- Care and nursing homes were visited regularly and by the same GP to enhance continuity of care. A direct telephone number to the practice was available for these homes to aid in communication and ensure advice was given in a timely manner.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The practice is rated as requires improvement for all domains. The concerns that led to these ratings apply to everybody using this practice including this population group.

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met.
- For patients with the most complex needs, practice staff worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice was actively communicating with patients with long term conditions to ensure they were aware of their eligibility for a yearly flu vaccination.

**Requires improvement**



# Summary of findings

## Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice is rated as requires improvement for all domains. The concerns that led to these ratings apply to everybody using this practice including this population group.

- Systems were in place to identify children at risk. The practice had a dedicated child safeguarding lead and deputy lead who oversaw children's safeguarding referrals, and staff were aware of who these were.
- 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. The GP lead for safeguarding liaised with other health and care professionals to discuss children at risk.
- The whooping cough vaccine was offered to all women who were 28 weeks pregnant and over.
- The practice offered contraception services including coil fitting and implants.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Urgent appointments were available on a daily basis to accommodate children who were unwell and seen within four hours of initial contact.

**Requires improvement**



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

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The practice is rated as requires improvement for all domains. The concerns that led to these ratings apply to everybody using this practice including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible.
- Extended hours services were offered two mornings per week to facilitate access for working patients.
- 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.
- Each GP had a task list which reception could log medication enquiries or medical certificate requests to be completed on behalf of patients.

**Requires improvement**





# Summary of findings

## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice is rated as requires improvement for all domains. The concerns that led to these ratings apply to everybody using this practice including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and those at risk of a fall.
- The practice offered longer appointments for patients with a learning disability and for those who required it.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Monthly multidisciplinary meetings were hosted by the practice.
- Patients who were registered blind and those who were hard of hearing had alert on their patients' home screen to allow staff to be aware they might need additional assistance getting to their consultation.
- 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 was in each clinical room.
- The practice had identified 38 patients as carers which was equivalent to 1% of the practice list. The practice had information displayed in the waiting area and on the practice website to inform carers about the support that was available to them and to encourage them to identify themselves to practice staff.

Requires improvement



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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice is rated as requires improvement for all domains. The concerns that led to these ratings apply to everybody using this practice including this population group.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Patients with a diagnosis of dementia were offered double appointments to ensure care was delivered in an appropriate manner.

Requires improvement



## Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and contact information for self-referral to the mental health service was available through reception.
- The practice was taking part in the dementia enhanced service, and those with a diagnosis of dementia were being reviewed to ensure correct diagnosis and correct care is maintained.

# Summary of findings

## What people who use the service say

We reviewed the results of the national GP patient survey published in July 2016. A total of 244 survey forms were distributed and 115 were returned. This represented a response rate of 47%.

Results showed:

- 78% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 87% and the national average of 73%.
- 71% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and the national average of 85%.
- 72% of patients described the overall experience of this GP practice as good compared to CCG average of 90% and the national average of 85%.

- 45% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were mostly positive about the standard of care received. In addition we spoke with six patients during the inspection. A majority of the patients said they were satisfied with the care they received and thought staff were friendly, committed and caring. However some patients highlighted concerns around access to nurse appointments and continuity of GP.

# West End Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and an Expert by Experience (an Expert by Experience is someone with experience of using GP services).

## Background to West End Surgery

West End Surgery provides primary medical services to approximately 4080 patients through a general medical services contract (GMS). Services are provided to patients from a practice in Beeston, Nottingham. The level of deprivation within the practice population is above the national average.

The medical team is undergoing change due to a partnership being developed between the current single handed GP and a care provider. At the time of inspection the clinical team comprised of three GPs (one female and two male), which had reduced the need for locums. In addition there was a practice nurse and a healthcare assistant. Supporting the clinical team was a practice manager, and administration and reception staff and the partnered care provider assisting in back office support.

The practice is open between the hours of 8am and 6:30pm. GP appointments are available from 8:50am to 11:30am every morning and from 3.30pm to 6pm every afternoon. Extended hours surgeries are offered on Thursday and Friday mornings from 7am.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Nottingham Emergency Medical Services (NEMS).

## Why we carried out this inspection

We undertook a comprehensive inspection of West End Surgery on 11 January 2016 as part of our new comprehensive inspection programme. The practice was rated as inadequate for providing safe, effective, responsive and well led services and was placed into special measures for a period of six months. All of our reports are published at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a further comprehensive inspection of West End Surgery on 6 September 2016. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

## 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 6 September 2016. During our visit we:

- Spoke with a range of staff (including GPs, nursing staff, the practice manager and a range of reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

# Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

At our previous inspection on 11 January 2016 we rated the practice as inadequate for providing safe services as the arrangements in respect of managing risks to staff and patients were not adequate.

### Safe track record and learning

The practice had recently implemented systems and processes to report and record incidents and significant events.

- Staff told us they would inform their manager or one of the GPs of any incidents in the first instance. There was a recording form available on the practice's computer system. Reported events and incidents were logged and tracked until the incident was closed. The incident recording system supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- When things went wrong with care and treatment, patients were informed of what had happened and offered support, information and apologies. Affected patients were also told about actions taken to improve processes to prevent the same thing happening again.
- Incidents and significant events were discussed on a regular basis and analysed to ensure any themes or trends were identified. This also enabled the practice to ensure that any learning had been embedded.

We reviewed safety records, incident reports, safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example a significant event had been recorded when, following an emergency, it was found that emergency equipment was not all stored centrally and made treatment in a timely manner difficult. Following a review the practice purchased an emergency trolley and all emergency equipment stored within it ensuring equipment was easily available if needed.

### Overview of safety systems and processes

Robust and well embedded systems, processes and practices were in place to help keep patients safe and safeguarded from abuse. These included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse which reflected local requirements and relevant legislation. Policies were accessible to all staff and identified who staff should contact if they were concerned about a patient's welfare. There was a lead member of staff for child and adult safeguarding to manage and oversee referrals. GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Meetings to discuss children at risk were held monthly within the practice and were attended by community based staff including health visitors and midwives. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3.
- Notices were displayed in the waiting area and in the consulting rooms to advise patients that chaperones were available if required. Male and female chaperones were offered by the practice. All staff who acted as chaperones had been 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).
- A practice nurse was the lead for infection control within the practice. We observed the practice premises to be visibly clean, and saw that there were mechanisms in place to maintain appropriate standards of cleanliness and hygiene. The practice had effective communication with the cleaning staff who were contracted to clean the practice and a schedule was in place to ensure robust monitoring. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken by the lead nurse and practice manager, to ensure best practice was implemented and an external review of infection control was due to be carried out.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. There was effective management and procedures for ensuring vaccination and emergency medicines were in date and stored appropriately. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads

## Are services safe?

were securely stored and 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.

- Action was taken when updates to medicines were recommended by the Medicines and Healthcare Products Regulatory Agency (MHRA) and patients were recalled to review their medicines when appropriate.
- We reviewed five personnel files of recently employed staff. For the most recently recruited staff we 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 checks through the Disclosure and Barring Service. However there were still two clinical members of staff, who had been in post for over a year, who had not received a DBS check and one for whom the practice had not received appropriate references. This was identified at our January 2016 and at the time of this inspection the practice had not taken action to address this issue. 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.

### Monitoring risks to patients

Most risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical

equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella.

- Arrangements were in place to plan and monitor staffing levels and the mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. For example, there was a minimum number of staff working on the reception area at any time.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and the practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff and all staff knew of their location. All the medicines we checked were in date and stored in a purpose built trolley to ensure equipment was easily to hand.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and suppliers and a copy was kept in paper form off site.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 11 January 2016 we rated the practice as requires improvement for providing effective services as performance in relation to the Quality and Outcomes Framework was poor and training the practice had identified as mandatory had not been completed by all staff.

### Effective needs assessment

Clinical staff within the practice assessed the needs of patients and delivered care in line with relevant and current evidence based guidance and standards. This included National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.

- The practice had systems in place to keep all clinical staff up to date through email notifications and regular meetings were held within the practice for both GPs and nursing staff which helped to ensure staff were aware of changes and updates.
- The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results showed the practice had achieved 94.3% of the total number of points available. This was 3% below the clinical commissioning group (CCG) average and in line with the national average.

Data from 2014/15 showed the practice had performed as follows against key indicators:

- Performance for diabetes related indicators was 95.9% which was in line with the CCG average and 7% above the national average. The exception reporting rate for diabetes indicators was 18% which was above the CCG average of 11% and the national average of 11%.
- Performance for indicators related to hypertension was 96% which was 3.4% below the CCG average and 2%

below the national average. The exception reporting rate for hypertension related indicators was 6% which was in line with the CCG average of 6% and the national averages of 4%.

- Performance for mental health related indicators was 100% which was 1.6% above the CCG average and 7% above the national average. The exception reporting rate for mental health related indicators was 13% which was above the CCG average of 11% and the national average of 11%.

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.

At the time of our first inspection (January 2016) the data showed the practice was an outlier for two conditions:

- Performance for asthma related indicators was 84%, which was 14% below the CCG average and 13% below the national average. This was achieved with an exception reporting rate of 13% which was above the CCG average of 4% and the national average of 7%. However unvalidated data supplied by the practice at this inspection showed a marked improvement in performance for asthma related indicators in the 2015/16 year, with 100% of indicators being achieved and a lower exception rate of 6%.
- Performance for COPD related indicators was 71%, which was 25% below the CCG average and 25% below the national average. This was achieved with an exception reporting rate of 16% which was above the CCG average of 12% and the national average of 13%. Unvalidated data supplied by the practice also showed a marked improvement in performance for COPD related indicators in the 2015/16 year, with 100% of indicators being achieved and a lower exception rate of 13%.

There had also been an improvement in the overall exception rate from 14% during the 2014/15 year to 11% for the 2015/16 year, bringing the practice closer to the national average of 9%.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits undertaken in the last 12 months, two of these were completed audits



# Are services effective?

## (for example, treatment is effective)

where the improvements made had been implemented and monitored. For example we saw a COPD audit was undertaken to ensure the correct choice of antibiotic and steroid was being prescribed. Improvements were made to ensure the correct code was used to and that latest guidance was used in prescribing.

In addition to the audits being undertaken a further four had been planned for the following year and scheduled in a matrix to ensure progress could be monitored.

The practice had been one of the highest achieving practices in the CCG for reducing their prescribing spend and had achieved this primarily through reduced locum usage and working closely with the CCG pharmacist to review medicines.

### Effective staffing

We saw that staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had comprehensive, role specific, induction programmes for all newly appointed staff. These included a health and safety pack and inductions covered a range of topics such as safeguarding, infection control, fire safety, health and safety and confidentiality.
- The practice ensured role-specific training and updating for relevant staff. For example, clinical staff had undertaken additional training in respiratory disease to assist in effective diagnosis and management in a timely manner.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at local practice nurse meetings. The practice had implemented Patient Group Directions (PGDs) to ensure specific medicines were administered within an agreed framework, these were overseen and authorised by the lead GP.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to training to meet their learning needs and to cover the scope of their work. This included ongoing support, meetings,

coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All available staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. There was now managerial oversight of staff training and appraisals.

### Coordinating patient care and information sharing

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

The practice staff hosted and attended multidisciplinary meetings with other health and social care professionals which were held on a monthly basis and led by the same GP when possible.

For patients on the practice's palliative care register, meetings were held every four to six weeks. These meetings included GPs, palliative care nurses, community matron and practice and district nurse representatives. The practice worked with local care home staff to support patients nearing the end of their lives.

### 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 clinical staff undertook assessments of capacity.
- The process for seeking consent was monitored through records audits.

### Supporting patients to live healthier lives

# Are services effective?

(for example, treatment is effective)

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

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

The practice's uptake for the cervical screening programme was 82%, which was in line with the CCG average of 83% and the national average of 82%. Telephone reminders were offered for patients who did not attend for their cervical screening test. There were failsafe systems 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and screening rates were comparable to

local and national averages. For example, the practice uptake rate for breast cancer screening was 77% compared with the CCG average of 78% and the national average of 72%.

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 averaged 88% against a local average of 96% and five year olds averaged 93% against a local average of 95%.

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

# Are services caring?

## Our findings

At our previous inspection on 11 January 2016 we rated the practice as requires improvement for providing caring services as patient feedback during the inspection was raised concerns about and patients told us it was difficult to see a regular GP that they felt provided a good quality of care.

### Kindness, dignity, respect and compassion

During the inspection we saw that members of staff were polite, friendly and accommodating towards patients.

Measures were in place within the practice to maintain the privacy and dignity of patients and to ensure they felt at ease. These included:

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

All of the 16 patient completed CQC comment cards we received were positive about the service experienced. Patients said they felt the practice staff were caring and helpful. Patients also said they felt listened to by staff and they were treated with dignity and respect.

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

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

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.

- 81% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 86% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.

Satisfaction scores for interactions with reception staff were in line with national averages:

- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 93% and the national average of 87%.

We saw evidence that the below average results in the survey had been discussed at practice meetings and staff knew the areas they could make a positive impact on. Recent changes to staffing had ensured improved continuity of care for patients as there was now little dependence on locum GP cover and an additional advanced nurse practitioner was being recruited to increase the nursing capacity. The changes are too recent to show in the latest survey data however they had been welcomed by the patients and PPG members we spoke to who had already noticed an improvement.

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

Feedback we received from patients demonstrated that they felt involved in decision making about the care and treatment they received. Patients told us they felt listened to, made to feel at ease and supported by staff. They also told us they were given time during consultations to make informed decisions about the choice of treatment available to them. Patient feedback from the comment cards we received was generally positive and aligned with these views. We saw evidence that care plans were personalised to account of the individual needs and wishes of patients.

## Are services caring?

Results from the national GP patient survey showed patients response was below the local and national average to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 76% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 85%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

This is an area that the practice expects to see improve with the recent appointment of further staff and therefore a more stable clinical team for patient appointments.

The practice provided facilities to help patients be involved in decisions about their care. Although patients within the practice population spoke English in a majority of cases, the practice used translation services to ensure effective communication with other patients when required. Double appointments were provided for patients where an interpreter was involved.

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

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

The practice had taken steps since the last inspection (January 2016) to identify additional carers and collate a register to enable support to be offered when possible for example, extended appointments or home visits. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 38 patients as carers which was equivalent to 1% of the practice list. The practice had information displayed in the waiting area and on the practice website to inform carers about the support that was available to them and to encourage them to identify themselves to practice staff.

Staff told us that if families had experienced bereavement, their usual GP contacted them where this was considered appropriate. 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

At our previous inspection on 11 January 2016 we rated the practice as inadequate for providing responsive services as the arrangements in respect of recording, investigating and learning from complaints needed improving.

### 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.

In addition:

- Extended hours services were offered during two mornings per week to facilitate access for working age patients.
- There were longer appointments available for patients with a learning disability and for those who needed them.
- Telephone consultations were available by the on call doctor if appropriate.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Appointments could be booked online and prescriptions reordered.
- The practice ran in house clinics such as phlebotomy and ECG services to reduce the need to attend hospital.
- There were accessible facilities and access to the practice, including a hearing loop, dedicated accessible parking, and an accessible toilet. Corridors and doors were accessible to patients using wheelchairs. The electric opening door had recently been repaired to ensure easy access.
- A request for funding had been submitted to make the reception area more accessible with a lowered desk for wheelchair users,
- Translation and interpretation services were available for those who required them and longer appointments were provided to facilitate communication.

### Access to the service

The practice was open between the hours of 8am and 6:30pm. GP appointments were available from 8.50am to 11.30am every morning and from 3.30pm to 6pm every afternoon. Extended hours surgeries were offered on Thursday and Friday mornings from 7am.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was generally in line with national averages.

- 74% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group average of 82% and the national average of 76%.
- 78% of patients said they could get through easily to the practice by phone compared to the CCG average of 87% and the national average of 73%.
- 48% of patients usually waited 15 minutes or less after their appointment time to be seen which was below the local average of 69% and the national average of 58%
- 45% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% and the national average of 78%.

The comment cards we received and the patients told us the levels of satisfaction with access to the practice were generally good. However patients told us they sometimes had issues getting an appointment and that there was rarely an appointment with a specific GP available. We saw during the inspection that a pre-bookable appointment was not available for six days for a GP however this increased to 10 days for an appointment with a nurse. Further GP appointments were released every morning for patients wishing to see a GP urgently. Appointment usage was being reviewed and the addition of an advanced nurse practitioner was as a consequence of the need for further capacity being identified.

### Listening and learning from concerns and complaints

The practice systems in place to handle complaints and concerns had been significantly updated since our initial inspection in January. There was now further oversight and management in place to ensure complaints were dealt with to required standards.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

# Are services responsive to people's needs?

(for example, to feedback?)

- 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 including leaflets and information on the website.
- Staff we spoke with were aware of the complaints procedures within the practice and told us they would direct patients to practice manager if required.

The practice had logged 11 complaints and concerns in the last 12 months including verbal complaints. We reviewed a range of complaints and found that a majority of these were dealt with in a timely manner in accordance with the practice's policy on handling complaints. There were some that had been ongoing for an extended period of time and there was little communication with the complainant.

These were however, before the appointment of the new practice manager and addition support from the care provider supporting the practice, and were being put through the latest procedure to ensure they had been correctly logged and learning outcomes identified. Most recently the practice provided people making complaints with explanations and apologies where appropriate in a timely manner, as well as informing them about learning identified as a result of the complaint.

Meetings were held every month to review complaints received and to identify any themes or trends and all relevant staff would be encouraged to attend. Lessons learned from complaints and concerns and from trend analysis were used to improve the quality of care and staff would be informed of outcomes in writing and at meetings.



# Are services well-led?

Requires improvement 

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

## Our findings

At our previous inspection on 11 January 2016 we rated the practice as inadequate for providing well led services as there was no vision or strategy for the practice, no overarching governance structure and no clear leadership arrangements.

### Vision and strategy

The practice had undergone significant changes to the support, leadership and management structures in the month prior to this inspection. These changes had been implemented to ensure there was both managerial and clinical capacity within the practice to meet demand and the benefits were still to be fully felt throughout the practice and by patients. A partnership with a care provider was being developed and their role was key in establishing back office support and oversight as well as the recruiting of a new practice manager.

Initial feedback from staff we spoke to during the inspection showed the changes were positive and assisted them in delivering care to the patients as well as allowing for staff support and development when required.

- The practice had a mission statement which underpinned their ethos. The mission statement was to improve the health, well-being and lives of those cared for by the practice.
- Staff knew and understood the values of the practice and were engaged with these.
- The practice had signed up to a 'buddying' system with two local practices, both of which had been rated as outstanding in at least one area in recent CQC inspection, to create a forum in which to share resources and ideas and improve communication within the area.
- In addition to regular management meetings the practice held clinical meetings as well as team meetings to discuss all areas of development and reflect on changes they had made.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The areas of responsibility within the practice had recently been reviewed and staff had lead roles in a range of areas such as diabetes, and respiratory disease care.
- Practice specific policies were being implemented from updated generalised ones brought in by the management team to ensure best practice and were available to all staff. Policies were available electronically or as hard copies and staff knew how to access these.
- A comprehensive understanding of the performance of the practice was maintained and, although data had yet to be validated, there had been improvements in QOF results previously reported following our initial inspection in January.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. For example, audits of medicine updates and appointments were reviewed on a regular basis and adjustments made where required.
- There were arrangements in place to identify record and manage risks within the practice and to ensure that mitigating actions were implemented. There was a health and safety lead within the practice responsible for health and safety issues.
- Weekly management meetings were held within the practice in addition to monthly business meetings. This ensured the provider retained oversight of governance arrangements within the practice.

### Leadership and culture

The GPs and management within the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Clinical and non-clinical staff had a wide range of skills and experience. Staff told us they prioritised safe, high quality and compassionate care and the GPs and management were approachable and always took the time to listen to all members of staff.

- Staff told us the practice held regular meetings. For example, management meetings and clinical meetings were held regularly within the practice.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident and supported in doing so.

# Are services well-led?

Requires improvement 

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

- Staff said they felt respected, supported and involved in discussions about the development of the practice.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The provider encouraged a culture of openness and honesty. The practice had new systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support, information and apologies where appropriate.
- The practice kept records of verbal interactions as well as written correspondence.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and compliments, concerns and complaints received.
- The PPG was active and had a core group of ten members who met every month, fed back patients views

and submitted proposals for improvements to the practice management team. For example, due to raising the issue of the front door electric opening system being broken, the practice had repaired the mechanism and restored automatic door opening convenience to the practice.

- The PPG were positive about their working relationship and felt that there had been significant improvement in the way the practice team engaged with them and now valued their efforts. The practice had reflected the importance of the PPG by including them in the pre inspection meeting and stating the development of the group in their aims and objectives for the coming year.
- The practice had gathered feedback from staff through meetings which were now held informally on a daily basis for clinicians to discuss referrals and for peer review, formal clinical meetings every month in addition to administrative meetings monthly and whole team meetings every quarter.

## Continuous improvement

There was a strong focus on future development of the practice and staff, to ensure the recent changes were optimised to achieve a stable environment in which to deliver a high quality of patient care. Systems were being established to ensure the day to day running of the practice was efficient and had appropriate oversight.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  We found that the provider had not undertaken the appropriate recruitment checks in respect of obtaining Disclosure and Barring Service (DBS) checks for two members of clinical staff before they started working at the practice.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	