Westgate Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

We carried out an announced comprehensive inspection at Westgate Surgery on 26 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- The practice had a range of systems and processes to manage and assess risks to patients. However, in some areas, for example, medicines management and infection prevention control, systems and processes were not sufficiently effective to help ensure patient safety.
- Blank prescription pads were securely stored. However, blank prescription forms were not always stored securely and the practice was unable to demonstrate that they had a system track the prescription forms through the practice.
- Vaccines were not managed in line with national guidance.
- There was wide a range of clinical audits that reflected the needs of the practice's patient population. Findings were used to improve patient outcomes and the quality of services delivered.
- Data showed patient outcomes were at or above average compared to the national average.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff we spoke with demonstrated they had the skills, knowledge and experience to deliver effective care and treatment. However, we reviewed six staff personnel files and found there were some gaps in training for both clinical and non-clinical staff. For example, infection prevention control.
- 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

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. There was access to extended services such as dermatoscopy (examination of skin lesions), ultrasound, audiology, counselling and physiotherapy services on site so that patients could access care closer to home.
- There was a clear leadership structure and staff felt supported by management. The practice 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 was collaborating with other local practices to share resources and learning.
- The practice's vision centred on the doctor/ patient relationship and all patients were designated a named GP. If a patient wished to change their designated GP they were required to write to the practice manager.

We saw one area of outstanding practice:

- The practice had recognised their patient population consisted of more elderly patients than the national average and in response had focused on developing care and treatment programmes for this population group.The practice was leading an over 75's frailty team in conjunction with the local clinical commissioning group (CCG) and nearby GP Practices. The scheme facilitated nurse led home visits and had access to two beds in a local care home in order to provide an alternative to patients being admitted into hospital. Care homes were provided with a welcome pack to give to their new residents. These packs included the direct telephone numbers of key members of staff in the practice and registration documents which were tailored to patients living in care homes to help ensure they were registered quickly and efficiently.

The areas where the provider must make improvements are:

- Review procedures to ensure the safe storage of vaccines.
- Ensure a system is in place to track blank prescription forms and pads, and monitor their use

The areas where the provider should make improvements are:

- Review the system for monitoring staff training to help ensure that all members of staff are up to date with training. For example, Mental Capacity Act, infection prevention control and information governance.
- Review how the cleaning of medical equipment is recorded.
- Continue to identify patients who are also carers and build on the current carers register to help ensure that all patients on the practice list who are carers are offered relevant support if required.

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?

Requires improvement

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

- There was an effective system for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to help reduce the chance of the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse.
- The practice had a range of systems and processes to manage and assess risks to patients. However, in some areas, for example, medicines management and infection prevention control, systems and processes were not sufficiently effective to help ensure patient safety.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was a range of clinical audits that reflected the needs of the practice's patient population and findings were used to improve patient outcomes and the quality of services delivered.
- Staff we spoke with demonstrated they had the skills, knowledge and experience to deliver effective care and treatment. However, we reviewed six staff personnel files and found there were some gaps in training for both clinical and non-clinical staff in areas such as Mental Capacity Act and infection prevention control.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

Good

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.
- 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.
- There was access to a private area if patients wished to discuss sensitive issues or appeared distressed.
- Staff had received deafness awareness training and one member of staff was able to support hearing impaired patients through sign language.
- The practice had a sympathy card to send to families who had recently suffered bereavement. Information on the card offered relatives an appointment with their named GP and signposted them to other support services.

Are services responsive to people's needs?

Good

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 to secure improvements to services where these were identified. In recognition of its elderly patient population the practice had instigated and hosted an over 75's pilot scheme, which consisted of four nurses and access to two beds in a local care home.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

Summary of findings

- The practice's vision centred on the doctor/ patient relationship and all patients were designated a named GP. If a patient wished to change their designated GP they were required to write to the practice manager.
- 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 the GPs held daily governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active and was empowered to work in partnership with the practice to regularly consult with the patient population in innovative ways such as focus groups.
- There was a focus on continuous learning and improvement at all levels within the practice. Staff told us they were able to progress through the practice into management roles such as team leaders or from administration into clinical roles.

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

Outstanding ☆

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had instigated and hosted an over 75's frailty team in collaboration with the local clinical commissioning group (CCG) and nearby GP Practices. The scheme facilitated nurse led home visits and access to two beds in a local care home in order to reduce patients being unnecessarily admitted into hospital.
- Patients had access to practice managed audiology service.
- The patient focus group (PFG) and the practice had collaborated to produce an information leaflet for retired patients.
- Care homes were provided with a welcome pack to give to their new residents. These packs included the direct telephone numbers of key members of staff in the practice and registration documents which were tailored to patients living in care homes to help ensure they were registered quickly and efficiently.
- Members of staff from the nursing team had visited local care homes to provide training in how to care for elderly patients. For example, monitoring blood pressure.

People with long term conditions

Good ●

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were higher than the national average.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice held multidisciplinary long term conditions meetings which were attended by the community specialist nurses.

Families, children and young people

Good

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

- There were systems 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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 85%, which was better than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice held a Women's Health Clinic every Wednesday afternoon in recognition that access to these services locally had reduced over recent years. The practice had plans to introduce a similar clinic for male patients.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The PFG and practice had worked together to produce an information leaflet for patients aged under 25.
- The practice had Facebook and twitter accounts so patients from this population group can access information.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- There were early morning appointments available from 7am Wednesday and Thursday for working patients who could not attend during normal opening hours.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.
- Staff had undergone extra training in areas such as hearing awareness and identifying domestic abuse.

People experiencing poor mental health (including people with dementia)

Good

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

- 85% of patients diagnosed with dementia had received a face to face care review meeting in the last 12 months, which was the same as the local average and similar to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients 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.

Summary of findings

- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had hosted a pilot with the local CCG and four other practices aimed at reducing referrals for patients with mental health conditions to secondary health care. Primary care mental health specialists provided a weekly clinic at the practice, meaning that patients recently discharged from secondary care could access specialist support locally.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and thirty nine survey forms were distributed and 123 were returned. This represented 1% of the practice's patient list.

- 75% of respondents found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 55% and the national average of 73%.
- 87% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 73% and the national average of 76%.
- 83% of respondents described the overall experience of this GP practice as good compared to the CCG average of 81% and the national average of 85%.
- 76% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 73% and the national average of 79%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards, 16 were positive about the service provided at the practice. Patients commented positively about how easy it was to book appointments and that they appreciated the courteous and efficient care that was provided by all members of staff. There was one negative comment about an appointment not being booked correctly.

We spoke with seven patients, including one member of the patient focus group (PFG). Feedback from the patients who used the service was consistently positive and all of the patients we spoke with talked positively about the personalised and responsive care provided by the practice. Patients we spoke with told us their dignity, privacy and preferences were always considered and respected. The PFG member we spoke with told us they worked in partnership with the practice to improve services for all different patient groups in the practice's patient population. With support from the practice the PFG had formed working groups to develop services for young patients and patients aged over 75 years.

Areas for improvement

Action the service MUST take to improve

- Review procedures to ensure the safe storage of vaccines.
- Ensure a system is in place to track blank prescription forms and pads, and monitor their use

Action the service SHOULD take to improve

- Review the system for monitoring staff training to help ensure that all members of staff are up to date with training. For example, Mental Capacity Act and infection prevention control.
- Review how the cleaning of medical equipment is recorded.
- Continue to identify patients who are also carers and build on the current carers register to help ensure that all patients on the practice list who are carers are offered relevant support if required.

Outstanding practice

- The practice had recognised their patient population consisted of more elderly patients than the national average and in response had focused on developing care and treatment programmes for this population group. The practice was leading an over 75's frailty team in conjunction with the local clinical

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commissioning group (CCG) and nearby GP Practices. The scheme facilitated nurse led home visits and had access to two beds in a local care home in order to provide an alternative to patients being admitted into hospital. Care homes were provided with a welcome pack to give to their new residents. These packs included the direct telephone numbers of key members of staff in the practice and registration documents which were tailored to patients living in care homes to help ensure they were registered quickly and efficiently.

Westgate 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 and a practice manager specialist adviser.

Background to Westgate Surgery

Westgate Surgery provides services from purpose built premises to patients living in and around Westgate Village in Kent. All patient areas are on the ground floor and are accessible to patients with mobility issues, as well as parents with children and babies. There are approximately 9800 patients on the practice list. The practice has significantly more elderly patients, fewer working aged patients and less patients aged twenty five and under than national averages. For example, there are more patients aged over 85 registered at the practice when compared to the national average (practice 5%, national 3%). The practice told us that a high proportion of their older patients live in care homes.

The practice holds General Medical Service contract and consists of five GP partners (one female and four male). There are two advanced nurse practitioners (one female and one male), four nurses (female) and two healthcare assistants (female).

The practice is part of collaboration with two other local GP practices known as QUEX. QUEX is receiving funding from the local clinical commissioning group (CCG) to provide an over 75's frailty team. The practice initiated this pilot scheme and continues to host the frailty team which consists of four nurses (female), one of whom is trained as a community matron. Through this pilot the practice has access to two beds in a local residential home which are used by QUEX to prevent hospital admissions.

The GPs and nurses are supported by a practice manager and a team of administration and reception staff. A wide range of services and clinics are offered by the practice including: asthma, diabetes, and minor surgery and child health/baby clinics. There is access to a practice managed audiology service on site.

The practice is open from 8am to 6.30pm Monday to Friday and provides extended hours from 7am to 8am every Wednesday and Thursday.

An out of hour's service is provided by IC24, outside of the practices open hours, and there is information available to patients on how to access this at the practice, in the practice information leaflet and on the website.

Services are delivered from: 60 Westgate Bay Avenue, Westgate On Sea, Kent, CT8 8SN.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 July 2016. During our visit we:

- Spoke with a range of clinical staff including three GPs, one nurse practitioner, two practice nurses and two nurses from the over 75 team. We also talked with the practice manager, the deputy practice manager, receptionists, administrators and patients who used the service.
- Observed how reception staff talked with patients, carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services were provided for specific groups of 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports and patient safety alerts. The practice had recorded 16 significant events since 3 March 2015. Significant events were discussed at the daily GPs governance meetings. We saw evidence that lessons were shared with all staff via the email system and that action was taken to improve safety in the practice. For example, after significant event analysis highlighted that not all staff were aware of the location of the medical emergency equipment, urgent action was taken by the management team to review procedures and staff training to help ensure that all staff were able to respond to a medical emergency.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse, which included:

- Arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP was the safeguarding lead. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and advanced nurse practitioners were trained to child protection or child safeguarding level 3. Clinical staff had also attended Multi-Agency Risk Assessment Conference (MARAC training) to help them identify patients at risk from domestic violence.
- Notices in the clinical rooms advised patients that chaperones were available if required. Not all staff who acted as chaperones 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). However, the practice had completed a risk assessment after obtaining advice from the DBS customer service team.
- The practice maintained appropriate standards of cleanliness and hygiene. Patients we spoke with told us they always found the practice clean and had no concerns regarding cleanliness or infection control. The practice nurse was the infection control clinical lead and there was an infection control protocol. However, the practice was unable to demonstrate that all relevant members of staff were up to date with infection control training. We looked at the training records of three clinical and three non-clinical members of staff and none of the records contained evidence of infection prevention control training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Staff we spoke with told us they routinely cleaned medical equipment such as ear syringes and spirometers. However, the practice was unable to produce cleaning logs to support this.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Medicines and vaccines were stored securely. The practice kept records of the ordering and receipt of medicines. Inventories of medicines and vaccines held

were maintained. Staff told us that stock levels and expiry dates of vaccines held were not routinely audited, although they said that the expiry date of all medicines were checked before staff administered them to patients. Medicines and vaccines that we checked were within their expiry date. Temperature checks for refrigerators used to store medicines and vaccines had been carried out and records of those checks were made. Records showed that the maximum temperature of the vaccines refrigerator was outside of the recommended storage range on a number of occasions. For example, we found recommended temperature ranges had been exceeded six times in June 2016 and four in July 2016 (up to the date of inspection). The practice had not taken any action when this was the case, nor was there any guidance on what action should have been taken. During the inspection we informed the practice about exceeding the recommended temperature ranges for vaccines and the practice manager contacted the relevant agencies for advice.

- Blank prescription pads were securely stored. However, blank prescription forms were not always stored securely and the practice was unable to demonstrate that they had a system track the prescription forms through the practice.
- Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. The GPs provided mentorship and support for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants did not administer vaccines.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body.

Monitoring risks to patients

With the exception of medicines management, risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. 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 to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 01/04/2014 to 31/03/2015 showed:

- Performance for diabetes related indicators was better than local and national averages. For example, 95% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (clinical commissioning group (CCG) average 89%, national average 88%.
- Performance for mental health related indicators was similar to local and national averages. For example, 85% of patients diagnosed with dementia had been seen in a face-to-face review in the preceding 12 months (CCG and national average 84%).

There was evidence of quality improvement including clinical audit.

- Clinical audits demonstrated quality improvement and the practice had a systematic approach to clinical audit which had been based on the needs of their patient population. There had been eleven clinical audits undertaken in the last year. For example, the practice had completed the first phase of an audit reviewing high risk prescribing in the elderly and planned to undertake the second stage in August 2016. There was a range of completed audits in areas such as diabetes and asthma.
- The practice participated in local audits, national benchmarking and peer review.
- Findings were used by the practice to improve outcomes for patients. For example, the practice ran a search for patients with a body mass index (BMI- is a measure of body fat based on height and weight) exceeding 35. The practice invited these patients in for a blood test and found that 30 of these patients had diabetes that had not previously been diagnosed.

Information was used to make improvements in prescribing. For example, after completing a medicine audit, the practice was able reduce diuretic prescribing (diuretics are medicines that help reduce the amount of water in the body).

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We spoke with several members of staff who had recently joined the practice and they told us they had found the induction process both useful and supportive.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, both clinical and non-clinical. For example, staff from the administration team had completed training courses in medical terminology, read coding and summarising. Clinical staff had received training in areas such as diabetes and wound care.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate

Good

Are services effective?

(for example, treatment is effective)

training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, mentoring and clinical supervision. All staff had received an appraisal within the last 12 months.

- We reviewed the training records of six members of staff (three clinical and three non-clinical) and found that not all staff were up to date with attending courses such as infection prevention control, information governance and Mental Capacity Act training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had a systematic approach to multidisciplinary meetings involving other health care professionals and we saw that meetings were planned up to March 2017 to help maximise attendance. Care plans were routinely reviewed and updated for patients with complex needs during these meetings.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 85%, which was significantly better than the CCG average of 76% and the national average of 82%. There was a policy to conduct telephone reminders for patients who failed to attend for their cervical screening test. The practice ensured a female sample taker was available. There were systems to help 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 encouraged patients to attend national screening programmes for bowel and breast cancer and had performed better than national and local averages. For example, 59% of patients aged between 60 – 69 years had been screened for bowel cancer in the last 30 months, which was slightly better than the CCG average of 57% and the national average of 58%. Seventy seven percent of females aged 50 – 70 years had been screened for breast cancer in last 36 months, which was significantly better than the CCG and national averages of 72%.

Childhood immunisation rates for the vaccinations given were also better than national averages. For example, childhood immunisation rates for the vaccinations given to infants aged two years and under ranged from 84% to 100% (national average 66% to 96%) and five year olds from 95% to 98% (national average 76% to 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.

Good

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.
- Conversations between receptionists and patients, both over the telephone and face to face, could be overheard in one of the patient waiting areas. The practice was aware of this and played background music to buffer sound. The receptionists were also aware of patient confidentiality and we saw that they took account of this in their dealings with patients. There was access to a private area if patients wished to discuss sensitive issues or appeared distressed.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards, 16 were positive about the service provided at the practice. Patients commented positively about how easy it was to book appointments and that they appreciated the courteous and efficient care that was provided by all members of staff. There was one negative comment about an appointment not being booked correctly.

We spoke with seven patients, including one member of the patient focus group (PFG). Feedback from the patients who used the service was consistently positive and all of the patients we spoke with talked positively about the personalised and responsive care provided by the practice. Patients we spoke with told us their dignity, privacy and preferences were always considered and respected. The PFG member we spoke with told us that the PFG worked in partnership with the practice and had a joint aim to improve services for all different patient groups in the practice. With support from the practice the PFG had formed working groups to develop services for young patients and patients aged over 75 years.

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

- 98% of respondents said the GP gave them enough time compared to the CCG average of 93% and the national average of 87%.
- 94% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 79% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 85%.
- 92% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average and national average of 91%.
- 83% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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 in line with local and national averages. For example:

- 87% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 76% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.

Good

Are services caring?

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

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

- Staff told us that translation services were available for patients who did not have English as a first language. There was a translation service on the website.
- Information leaflets were available in easy read format.
- Staff had received deafness awareness training and one member of staff was able to support hearing impaired patients through sign language.

Patient and carer support to cope emotionally with care and treatment

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

The practice had identified 66 patients as carers (0.7% of the practice list) and the practice wrote annually to these patients to offer support. The practice did not have a system on the computer to alert GPs if a patient was also a carer. However, each GP managed their own patient list and felt they had a good understanding of the needs of the patients on their list. Written information was available to direct carers to the various avenues of support available to them.

The practice had a sympathy card to send to families who had recently suffered bereavement. Information on the card offered relatives an appointment with their named GP and signposted them to other support services.

Good

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 required. The practice had identified that they had significantly more elderly patients registered than the national average. To support them, the practice had worked with the CCG to gain funding for an over 75's frailty team. The practice hosted the frailty service which consisted of four nurses and two hospital admission avoidance beds in a nearby residential home. This service was accessible to all patients in the QUEX collaboration (QUEX is collaboration between the practice and two nearby GP practices).

- The practice offered early morning clinics from 7am every Wednesday and Thursday for working patients who could not attend during normal working hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Having recognised that a high proportion of their patients were living in care homes, the practice had created a number of initiatives, alongside the frailty team, to help ensure that these patients and the staff providing care for them received timely and effective support. All care homes had a named GP and were provided with an information pack which included direct telephone access to the practice manager, the registration clerk and the prescription clerk. Together with a practice information leaflet this pack contained a form designed to support care homes registering new patients and forms for ordering medicines and dressings.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, including a lowered area at the reception desk.
- Translation services were available.
- The practice had developed a range of information leaflets to support patients that may find it difficult to access services including elderly, hearing impaired and young patients.
- There was access to dermatoscopy (examination of skin lesions), ultrasound, audiology, counselling and physiotherapy services on site so that patients could access care closer to home.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. There were extended hours available from 7am to 8am every Wednesday and Thursday. Primary medical services were available to patients registered at The Westgate Surgery via an appointments system, which included pre-bookable routine, telephone and urgent appointments. Opening times were displayed at the practice and on the website.

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

- 85% of respondents were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 77% and the national average of 78%.
- 75% of respondents said they could get through easily to the practice by phone compared to the CCG average of 55% and the national average of 73%.

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

The practice had a system and protocols to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. There was a red folder in reception which contained protocols to help staff identify medical emergencies and in response to staff suggestions the practice also provided electronic access to this information. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance for GPs in England.
- The practice manager handled all complaints in the practice. Complaints were also reviewed and discussed by the GPs at the daily GP partner meetings.
- We saw that information was available to help patients understand the complaints system in the form of leaflets and material on the practice's website.

The practice had recorded eleven complaints this year. We reviewed these and found they were handled with openness and transparency. Records demonstrated that lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint about the care of a baby resulted in a review of urgent admissions for pre-term babies.

There was a 'comment book' in the waiting room and staff actively encouraged patients to use this to share their views, positive and negative. The inspection team noted that comments in the book were regularly reviewed and actioned. For example, a patient had recently suggested that the practice should advertise how to access the local 'walk' in healthcare centre. The practice had responded by displaying a notice at the entrance of the premises.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a Philosophy and Delivery of Care statement which was displayed on the website and staff knew and understood the values.
- The practice's vision centred on the doctor/ patient relationship and all patients had a designated GP. If a patient wished to change their designated GP they were required to write to the practice manager. The practice believed this allowed them to build the patient doctor relationship in their philosophy. The inspection team discussed this with the practice and were told that female patients registered with a male GP could see the advanced nurse practitioner (female) led Women's' Health Clinic on a Wednesday afternoon. The practice had plans to introduce a similar clinic for men. We also discussed the philosophy with the patient focus group (PFG) and were told that when they consulted with patients, the majority of patients were happy with this arrangement and generally appreciated the continuity of care this provided.

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 the practice. Although most of the governance arrangements were comprehensive and well managed, some gaps were evident.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The practice had a range of systems and processes to manage and assess risks to patients. However, in some areas, for example, medicines management and infection prevention control, systems and processes were not sufficiently effective to help ensure patient safety.
- The practice did not have an effective system to help ensure that clinical or non-clinical staff had completed training such infection prevention control, information governance and Mental Capacity Act Training.

Leadership and culture

The practice had been proactive in assessing and responding to the needs of their patient population, especially elderly patients. The practice was committed to patient equality both in its philosophy statement and subsequent actions. Despite having fewer patients aged under 25 than the national average, the practice had worked in partnership with the patient focus group (PFG) to engage with this group of patients by researching communication tools. As a result communication networks such as twitter and Facebook had been introduced by the practice. The practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us there were regular team meetings for the nurses, reception staff and daily governance meeting for the GP partners.
- Staff told us there was an open culture within the practice and that they had the opportunity to raise any issues at the team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff we spoke with told us they were involved in discussions

Are services well-led?

Good

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

about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff told us they could make suggestions about their work environment and that the practice made changes where possible. For example, in response to a request by the reception team, the practice had added a 'helpful information tab' to the computer system. This meant that staff could easily and quickly access information such as a list of abbreviations used by the medical team and staff contact details.

- There was a culture to mentor, train and develop both clinical and non-clinical staff within the practice. For example, the practice took part in non-clinical apprenticeship programs and one member of staff had completed this scheme and subsequently joined the practice as a member of staff; two others had just started the program. Non clinical staff had been supported to progress into clinical roles, including one member of staff who had progressed from an administration role, to a healthcare assistant and had recently been seconded to study for a nursing qualification. The practice had mentored allied healthcare professionals outside the practice team such as local pharmacists.

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

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

- The practice had gathered feedback from patients through the patient focus group (PFG) and through surveys and complaints received. The PFG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had added a quiet room next to the reception area enabling patients to have a private conversation if required. The practice was empowering patients by engaging with the patient participation group (PFG) and working in partnership with them to improve services and outcomes for patients. Together they had undertaken several focus groups, consisting of PFG members, staff members and patients, in order to research the best way to engage with specific population groups.
- The practice had gathered feedback from staff through meetings, 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Staff told us they were able to progress through the practice into management roles such as team leaders or from administration into clinical roles. The practice was involved in apprenticeship programs and supported allied health professionals in the practice and locally to develop their skills. Members of staff from the nursing team had visited local care homes to provide training in how to care for elderly patients.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had instigated and now hosted the over 75's frailty team. This pilot scheme was undertaken in recognition that the practice had a high amount of elderly patients registered with the practice. Alongside the pilot the practice had adopted some innovative ways to support patients living in local care homes including training and information packs for the staff who provided care for these patients. Despite having fewer young patients than the national average, the practice had recognised there was a lack of engagement by with this population group. After consultation, the practice set up Facebook and twitter accounts to facilitate accessible information about services.

The practice was collaborating with other local practices in the QUEX partnership to share leaning and resources and to improve services for patients in the area (QUEX is a collaboration between the practice and two nearby GP practices). For example, the practice had used this opportunity to identify develop areas within their scheme of clinical audit.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.** **How the regulation was not being met:** **Care and treatment was not always provided in a safe way for service users.** • **The practice failed to ensure proper and safe management of medicines in that some medicines were not always stored at the recommended temperature and prescriptions forms were not always stored securely.** **This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**