

# Westwood Road Health Centre

## 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

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Westwood Road Health Centre on 16 December 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Although most risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, in relation to patient safety alerts, tracking of blank prescriptions, infection control, equipment servicing, and provision of patient transport.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to deliver care and treatment. However, there were not records of all staff having undertaken training in line with practice guidance.

- Most patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Reasonable measures to ensure patient confidentiality had not always been undertaken.
- 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.
- Most patients said that appointments were available when needed, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt well 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 areas where the provider must make improvement are:

- Take all appropriate actions to respond to patient safety alerts.

# Summary of findings

- Track blank prescriptions through the practice in line with national guidance and maintain appropriate records.
- Ensure that all staff are aware of appropriate procedures relating to infection control.
- Implement further measures to protect patient confidentiality.
- Introduce systems to monitor that appropriate building risk assessments and checks have been undertaken at all premises.
- Ensure actions from audits are undertaken promptly and that equipment is appropriately serviced.

- Implement a risk assessment and plan for staff providing transport and delivering medicine to patients.

The areas where the provider should make improvement are:

- Introduce further systems to identify and support all carers registered at the practice.
- Implement further systems to ensure that all staff, including locum GPs have undertaken appropriate training and that this is documented.

**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 as there are areas where improvements should be made.

- Although most risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, in relation to patient safety alerts, tracking of blank prescriptions, infection control, servicing of equipment, and provision of patient transport.
- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a verbal or written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.

Requires improvement



### Are services effective?

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.
- Clinical audits demonstrated quality improvement.
- Staff had been trained to deliver care and treatment. However, there were not records of all staff having undertaken training in line with practice guidance.
- There was evidence of appraisals for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as requires improvement for providing caring services as there are areas where improvements should be made.

Requires improvement



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example, for being treated with care and concern by clinical staff and for helpfulness of reception staff.
- Reasonable measures to ensure patient confidentiality had not always been undertaken.
- Not all reasonable steps had been taken to identify and support all carers.
- The majority of patients said they were treated with compassion, dignity and respect.
- Information for patients about the services was available.
- The practice provided support for patients who were bereaved or who were experiencing emotional difficulties.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice worked jointly with other local practices to provide a service where patients could access pre-bookable appointments every Saturday morning.
- Most patients said that appointments were available when needed, 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.

Good



## Are services well-led?

The practice is rated as requires improvement for being well-led as there are areas where improvements should be made.

- Although most risks to patients who used services were assessed, there was an ineffective governance framework to support the delivery of good quality care.
- Comprehensive systems to ensure patient confidentiality were not always implemented by staff.
- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Requires improvement



# Summary of findings

- There was a clear leadership structure and staff felt well supported by management and were very positive about the practice leadership. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.

# 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 provider was rated as requires improvement for safe, caring, and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- Patients were invited to attend for immunisations for flu, shingles, and pneumonia.
- The practice provided patients with information about relevant health and social care services.
- GPs provided appointments for patients living in residential homes.

Requires improvement



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safe, caring, and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 was 94% which was better than the CCG average of 78% and national average 90%. The practice conducted pre-diabetic checks and held virtual clinics with a diabetic consultant.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice provided patients with self-help information to encourage them to proactively manage their condition.

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 provider was rated as requires improvement for safe, caring, and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- Children and young people were treated in an age-appropriate way and were recognised as individuals.
- For 2015-16 the practice's uptake for the cervical screening programme was 80%, which was higher than the CCG average of 77% and lower than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice had just started to develop an information pack for mothers and children about local services available.

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 provider was rated as requires improvement for safe, caring, and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered text message reminders for appointments.
- There was a smoking cessation clinic held at the practice.

Requires improvement



## 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 provider was

Requires improvement



# Summary of findings

rated as requires improvement for safe, caring, and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments or home visits for vulnerable patients if needed.
- 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.

## 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 provider was rated as requires improvement for safe, caring, and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 85% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average of 89% and national average of 84%.
- Performance for mental health related indicators was 100% which was better than the CCG average of 87% and national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



# Summary of findings

- There was an independent counsellor based at the practice to support patients with emotional difficulties.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages in some areas. There was 263 survey forms distributed and 113 were returned. This represented 2.1% of the practice's patient list.

- 68% of patients found it easy to get through to this practice by phone compared to the CCG average of 73% and national average of 73%.
- 88% 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 82% and national average of 85%.
- 77% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and national average of 85%.
- 64% 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 74% and national average of 78%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by

patients prior to our inspection. All of the 56 patient CQC comment cards we received contained positive comments about the service experienced. Five comments cards also highlighted areas for development which related to appointment availability and interactions with clinical staff.

We spoke with 11 patients on the day of the inspection who all provided some positive comments about the practice and many said they felt the practice offered a good service and staff were helpful. However, some patients also gave less positive feedback relating to interactions with reception staff, confidentiality, explanations of test results, appointment availability, and contacting the practice by phone.

Friend and Family Test results were positive. In November 2016, all 16 respondents who participated were likely or extremely likely to recommend the practice to friends or family. In October 2016, 10 of 11 respondents who participated were likely or extremely likely to recommend the practice to friends or family and one respondent was neither likely nor unlikely to do so.

# Westwood Road Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience. Experts by experience are members of the team who have received care and experienced treatment from similar services. They are granted the same authority to enter registered persons' premises as the CQC inspectors. An external observer from NHS England also joined the inspection.

### Background to Westwood Road Health Centre

Westwood Road Health Centre is located in Tilehurst, Reading. Westwood Road Health Centre changed their registration with CQC in December 2016. There are two branch sites called Whitley Wood Lane Surgery and Overdown Road Surgery, both are located in Reading in Berkshire. The practice provides services via a Personal Medical Services (PMS) contract (PMS contracts are a contract between NHS England and general practices for delivering medical services). The main practice is based in converted premises and there is parking available. The practice is part of NHS South Reading Clinical Commissioning Group.

The practice has approximately 5500 registered patients. The practice has patients from all age groups with a slightly higher proportion of patients aged over 55 compared to other age ranges. The area in which the practice is located

is placed in the fourth least deprived decile. In general, people living in more deprived areas tend to have a greater need for health services. According to the Office for National Statistics the practice catchment area has a high proportion of people from a White British background.

There is one female GP partner, one male salaried GP, and a female locum GP who works at the practice regularly. Other regular locum GPs supported the practice when needed. The practice employs one advanced nurse practitioner, one practice nurse, one health care assistant, and two phlebotomists. The practice manager is supported by a team of administrative and reception staff.

The main practice and branch practices are open at the following times:

- Westwood Road Health Centre is open between 7.30am and 6.30pm Monday to Wednesday. It is open until 8pm on Thursday and until 5pm on Friday.
- Whitley Wood Lane Surgery is open between 8am and 12.30pm then 2pm and 6pm on Monday, Tuesday, and Thursday and open until 6.30pm on Friday. It is open between 8am and 12.30 pm on Wednesday.
- Overdown Road Surgery is open between 8am and 12.30pm on Tuesday and Thursday.

Phone lines are open between 8am and 6.30pm. When the practice is closed patients are referred to the Out of Hours Service via NHS 111 service.

Services are provided from the following locations:

Westwood Road Health Centre (main practice)

66 Westwood Road

Tilehurst

# Detailed findings

Reading

Berkshire

RG31 5PR

Whitley Wood Lane Surgery (branch site)

96 Whitley Wood Lane

Whitley

Reading

Berkshire

RG2 8PP

Overdown Road Surgery (branch site)

6 The Colonnade

Overdown Road

Tilehurst

Reading

Berkshire

RG31 6PR

We visited Westwood Road Health Centre as part of this inspection. The service has not previously been inspected by the CQC. We did not visit the branch sites as part of the inspection.

## 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.

## 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 16 December 2016. During our visit we:

- Spoke with three GPs, one nurse, one phlebotomist / receptionist, one receptionist and the practice manager.
- Spoke with 11 patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system and in paper copy. Both the incident recording forms (electronic and paper copy) 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 verbal or written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, 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, following a significant event, the practice introduced a system to ensure that a copy of paperwork relating to patients' decisions' about resuscitation was put on the shared electronic notes and that patients were also telephoned to ensure they had a copy.

The practice manager received patient safety alerts by email and sent them to relevant members of staff. They also logged the alerts in a paper file to ensure that this information was available to GP locums who did not have practice email addresses. Clinical staff described actions taken in response to safety alerts. However, searches had not been conducted in a timely fashion for patients relating to two recent alerts. We saw evidence that the practice took some steps to rectify this on the day of the inspection.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse. However, not all reasonable steps had been undertaken to assess and mitigate risks relating to safety.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and that they could identify potential safeguarding concerns. GPs were trained to child protection or child safeguarding level three, nurses were trained to level two, health care assistants, phlebotomists, and administrative staff were trained to child safeguarding level one. For one member of reception staff there were no records of any child safeguarding training and practice guidance was that level one training should take place for all non-clinical staff. Staff had undertaken safeguarding vulnerable adult training with the exception of one clinical and one non clinical staff member.
- A notice advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. However, one member of clinical staff was not aware of appropriate infection control procedures. They were unable to describe appropriate use of sharps bins, use of personal protective equipment, and labelling of high risk patient samples. The practice provided a risk assessment on the next working day following the inspection with actions taken

## Are services safe?

to provide staff training and mitigate risk. Infection control audits were undertaken and we saw evidence that action was taken or planned to address any improvements identified as a result. The practice told us that they planned to service the vaccine fridge as this was identified as an action in a previous audit in June 2016. Regular electrical safety and temperature checks of the fridge were undertaken by the practice.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored. However, there were not systems in place to monitor their use in line with national guidance. Records did not always indicate the name of the person receiving boxes of blank prescriptions into the practice. When prescriptions were allocated to practice printers there was no log of prescription numbers identifying their location. On the day of the inspection the practice developed and introduced recording systems to track all blank prescriptions through the practice.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant was trained to administer vaccines and medicines against a direction from a prescriber.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were not always fully assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the office which identified local health and safety representatives.
- The practice had up to date fire risk assessments. The practice had carried out regular fire drills at the main practice, but told us that this had not occurred at either of the branch sites for the past six years. The practice informed us that a fire drill had been undertaken at one branch site the day following the inspection. Fire alarms and extinguishers were in place at all sites and checked by an external company. All permanent staff had undertaken fire safety training, and the practice told us that locum staff undertook fire training as part of their induction. Information was available in the locum pack advising locum staff of what to do in the event of a fire.
- Electrical installation checks had been undertaken for the main practice and branch sites. All portable 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 told us that they planned to service the vaccine fridge as this was identified as an action in a previous audit in June 2016. Regular electrical safety and temperature checks of the fridge were undertaken by the practice.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A legionella risk assessment had been undertaken for the main practice and one branch site, but not for the second branch site. The practice told us that this premises was managed by a landlord and that control measures were in place to reduce the risk of legionella.
- We saw a gas safety certificate for the main practice on the day of the inspection and the practice told us that all required actions had been carried out. The practice told us that gas checks had been undertaken at one branch site, but was unable to provide the most recent gas safety certificate for this site on the day of the inspection. The practice told us that there was no gas at the second branch site.

## Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

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

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### 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 99% of the total number of points available. Exception reporting was high compared to CCG and national averages for some clinical indicators relating to dementia, diabetes, heart failure, peripheral arterial disease, coronary heart disease, stroke and transient ischaemic attack, and cardiovascular disease. (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). For example, exception rates for the percentage of patients with peripheral arterial disease with a record in the preceding 12 months that aspirin or an alternative anti-platelet was being taken was 20% (CCG average 11%, England average 7%). Exception rates for the percentage of patients newly diagnosed with diabetes who have a record of being referred to a structured education programme within nine months after entry on to the diabetes register were 41% (CCG average 15%, England average 23%). We found that exceptions were recorded in line with appropriate guidance and the practice was taking some measures to reduce exception reporting such as letter and phone reminders. The GP

specialist adviser reviewed a sample of patient records and found that patients who had been exception reported were receiving appropriate care and treatment or were being invited regularly to attend appointments.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-16 showed:

- Performance for diabetes related indicators was 94% which was better than the CCG average of 78% and national average 90%. The practice conducted pre-diabetic checks and held virtual clinics with a diabetic consultant.
- Performance for mental health related indicators was 100% which was better than the CCG average of 87% and national average of 93%.

There was evidence of quality improvement including clinical audit.

- There had been ten clinical audits completed in the last year, a number of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, and peer review.
- Findings were used by the practice to improve services. For example, in April 2016 the practice had audited the number of patients with atrial fibrillation who had relevant assessment information documented in their notes and a medicine review. All but one of the 85 patients identified had the information in their notes and four of these patients were identified as benefiting from a review. The practice introduced reminders on the computer system and an audit in July 2016 showed that three of the four patients (75%) had been reviewed and one patient had an appointment booked with a GP the following week.

### Effective staffing

Staff had training in a number of areas. However, not all staff had completed training in line with practice guidance.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, health and safety and confidentiality. The practice had also developed an information pack for locum staff working at the practice.
- The practice could demonstrate how they ensured role-specific training and updating for staff. For example, for those reviewing patients with long-term conditions.

# Are services effective?

## (for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training. 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 training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. Staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, infection control, and information governance. However, there were some areas that staff had not undertaken training in line with requirements specified by the practice. Training records did not always record up to date training for safeguarding.
- The practice told us that locum staff had been revalidated. They did not keep records to show that they had seen details of all training undertaken by locums to ensure that this met practice requirements.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a fortnightly basis when care plans were routinely reviewed

and updated for patients with complex needs. The practice contacted patients the following day if they had attended accident and emergency or out of hours services to check on their wellbeing.

### Consent to care and treatment

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

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

For 2015-16 the practice's uptake for the cervical screening programme was 80%, which was higher than the CCG average of 77% and slightly lower than the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were 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.

For 2015-16 the percentage of females, aged 50-70 years, screened for breast cancer was 71% compared to the CCG average of 69% and national average of 73%. The percentage of patients aged 60-69 years, screened for bowel cancer was 51% compared to the CCG average of 50% and national average of 58%. The practice provided opportunistic encouragement for patients to attend screening appointments.

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

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 96% and five year olds from 88% to 93%. The practice described taking appropriate measures to try and improve immunisations rates which included identification of patients who had not been immunised and sending letter reminders to patients.

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

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- In the reception area and back office it was possible to see the names of patients registered at the practice and some information about their health status. The practice took some steps to rectify this on the day of the inspection. We also observed that it was possible to hear patients' names and who they were seeing when receptionists were speaking on the telephone. All reasonable measures had not been taken to ensure confidentiality.

All of the 56 patient Care Quality Commission comment cards we received contained positive comments about the service experienced. Five comments cards contained negative comments which related to appointment availability and interactions with clinical staff.

Patients that we spoke with provided some positive comments about the practice and many said they felt the practice offered a good service and staff were helpful. However, one patient reported that there was lack of confidentiality with telephone calls in the reception area. Feedback from two patients was that reception staff could be abrupt.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 77% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 91%.
- 75% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% 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. However, feedback from two patients was that staff did not explain test results clearly.

Patient feedback from the comment cards we received was mostly positive. One comment was that they felt rushed during medical consultations. We saw that care plans were personalised.

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

- 80% of patients 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%.

## Are services caring?

- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 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.
- The practice website could be translated into languages other than English

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 45 patients as carers (0.8% of the practice list). Written information was available to direct carers to the various avenues of support available to them and there was a dedicated carers' board with information in the waiting area. The practice recognised that not all carers' at the practice were identified and described measures they were taking to rectify this, such as encouraging carers to identify themselves when joining the practice.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. There was an independent counsellor based at the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was involved in providing a service with other local practices whereby patients could access pre-bookable appointments every Saturday morning.

- The practice offered appointments outside of work and school 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.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- GPs provided appointments and visits for patients living in residential homes.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- There was not a lowered area of the reception desk to improve access to patients.
- Higher chairs with arm supports were provided for patients with mobility difficulties.
- Doctors and nurses came to inform patients when it was time for their appointments and provide assistance if required.
- The practice provided walking frames and wheelchairs to patients with mobility difficulties.
- Appointments were available for patients with no fixed address.
- The premises were suitable for children and babies.
- The practice described a number of occasions where staff and relatives of staff had arranged and provided patients and their family members with transport and delivered medicines to patients. The practice told us that staff involved in providing this service had a DBS

check. However, they said that they were unsure whether vehicles used had business insurance and no formal risk assessment had been conducted for this activity at the time it took place.

### Access to the service

The main practice and branch practices were open at the following times:

- Westwood Road Health Centre was open between 7.30am and 6.30pm Monday to Wednesday. It was open until 8pm on Thursday and until 5pm on Friday.
- Whitley Wood Lane Surgery was open between 8am and 12.30pm then 2pm and 6pm on Monday, Tuesday, and Thursday and open until 6.30pm on Friday. It was open between 8am and 12.30 pm on Wednesday.
- Overdown Road Surgery was open between 8am and 12.30pm on Tuesday and Thursday.

Phone lines were open between 8am and 6.30pm. When the practice was closed patients were referred to the Out of Hours Service via NHS 111 service. The practice was involved jointly in a service with other practices whereby patients could access pre-bookable appointments every Saturday morning.

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

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 76%.
- 68% of patients found it easy to get through to this practice by phone compared to the CCG average of 73% and national average of 73%.

Patients that we spoke with provided some positive comments about the practice and appointment availability. However, three patients described difficulties getting appointments with their preferred GP. Feedback from two patients was that there could be difficulties getting through on the phone and with getting appointments when needed. Two comments cards contained negative comments about appointment availability, but others were positive about accessing appointments.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and

# Are services responsive to people's needs?

(for example, to feedback?)

- the urgency of the need for medical attention.

The practice described introducing a system where nurses triaged appointments and gathered information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The practice had gathered patient feedback on the triage system from 40 patients. This showed that 38 (95%) of patients viewed it positively for same day appointments and two (5%) patients viewed it less positively.

## **Listening and learning from concerns and complaints**

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice website and in the waiting area.

We looked at three complaints received in the last 12 months and found that these were satisfactorily handled. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following a complaint about a staff member being impolite, the practice investigated the complaint, apologised to the patient, discussed the incident with the staff member involved, and with their consent used the complaint to share learning within the practice.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and practice website and staff knew and understood the values. This was to improve the health, wellbeing, and lives of patients.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had a governance framework, however improvements were required.

- Although most risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, in relation to patient safety alerts, tracking of blank prescriptions, infection control, provision of patient transport, and servicing of equipment. There were not appropriate measures to protect patient confidentiality or to identify and support all carers registered at the practice. There were not comprehensive systems to record and monitor that all staff, including locums had undertaken appropriate training.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. However, not all actions from audits were undertaken promptly, such as servicing of the vaccine fridge.
- 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

### Leadership and culture

On the day of inspection the GPs told us they prioritised safe, high quality and compassionate care. Staff told us the partner GP was approachable and always took the time to

listen to all members of staff. Staff were strongly positive about the leadership provided by GPs at the practice and stated that the practice was moving forward in a positive direction.

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 partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the GPs encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the PPG and practice had started to jointly develop an information pack for mothers and children about local services available.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

# Are services well-led?

Requires improvement 

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

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff had suggested introducing higher chairs in the reception area for patients with mobility difficulties and the practice had provided these. 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. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was involved in providing a service with other local practices whereby patients could access pre-bookable appointments every Saturday morning. The practice had also started to develop an information pack for mothers and children about local services available.

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 <b>How the regulation was not being met:</b> The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had not ensured that all staff were aware of appropriate procedures relating to infection control. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance <b>How the regulation was not being met:</b> The practice had not done all that was reasonably practicable to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity and to keep records appropriately. They had not ensured that blank prescriptions were tracked through the practice in line with national guidance and appropriate records are kept. There were not comprehensive systems to monitor that appropriate building risk assessments and checks had been undertaken at all premises They had not ensured that all appropriate actions were taken to respond to patient safety alerts. They had not taken all reasonable steps to maintain patient confidentiality.

This section is primarily information for the provider

## Requirement notices

They had not maintained appropriate records of staff training.

They had not ensured that actions were undertaken in response to audits, and that all equipment was serviced.

They had not conducted an assessment to determine risks and actions to mitigate these when providing transport to patients.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.