

# Western Elms Surgery

## Quality Report

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

### Ratings

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

# Summary of findings

## Contents -

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8
Areas for improvement	8
Outstanding practice	9

### Detailed findings from this inspection

Detailed findings	12
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## Overall summary

### Letter from the Chief Inspector of General Practice

Western Elms Surgery is located in a converted building in West Reading. There are approximately 16,000 patients registered at the practice. We carried out an announced comprehensive inspection of the practice on 11 November 2014. We visited Western Elms Surgery during this inspection. This was the first inspection of the practice since registration with the CQC.

The practice has had significant changes to staffing over the last two years, specifically changes in the GP partners. The patient population is very transient and this means the patient list changes a great deal over time. The practice monitors its appointment system and is aware of some concerns among patients about the ability to book non-urgent appointments. The practice responds to changes in demands by auditing its appointment system when there is concern about the demand for appointments. Patients were able to make appointments when they needed them. The premises were accessible to patients with limited mobility and all clinical areas were located on the ground floor. Patients told us staff were caring, friendly and considerate. The practice patient participation group is involved in the running of the

practice and has been involved in making changes to the practice. For example, they lobbied the local authority for on street disabled parking due to the shortage of spaces at the practice and achieved their goal.

We spoke with nine patients during the inspection. We met two of the patient participation group, three GPs, the practice manager, assistant manager, three members of the nursing team and administration staff.

Western Elms Surgery practice was rated good overall.

### Our key findings were as follows:

Patients were mostly positive about the care they received from GPs and nurses. All the patients we spoke with or who provided feedback told us staff were caring. Some patients were concerned about the booking appointments with their GP, saying they may have to wait up to three weeks to see them, but that they could see other GPs when they needed. All patients we spoke with said they could book an urgent appointment. The practice had systems to keep patients safe including safeguarding procedures and means of sharing information about patients who were vulnerable. Western Elms Surgery was hygienic and infection control was monitored. The practice was well maintained and equipment was serviced. There was strong strategic leadership and a positive culture which encouraged learning and openness.

# Summary of findings

## **We saw one area of outstanding practice including:**

- The practice had implemented an IT tool which assisted the practice in identifying patients at risk of unplanned admissions and 45 vulnerable patients per GP had been identified as requiring a care plan.

## **However, there were also areas of practice where the provider should make improvements.**

The provider should:

- ensure nursing staff have an appropriate understanding of the Mental Capacity Act 2005.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

**Chief Inspector of General Practice**

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for safe. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned and communicated widely to support improvement. Staff were trained in responding to medical emergencies and fire safety. There were arrangements to ensure staff could identify and respond to any concerns regarding vulnerable adults and children. Risks to patients were assessed and well managed. There were enough staff to keep patients safe and checks were in place to ensure staff were of good character. Medicines were stored safely. Controlled drugs were not stored in line with the practice's policy. The practice was clean and infection control processes were in place to ensure patients and others were protected from infection.

Good



### Are services effective?

The practice is rated as good for effective. Data showed most clinical outcomes related to patient care were within the same range as the regional average. National guidelines was used in planning and delivering care and treatment. Patients' needs were assessed and delivered in collaboration with other services to ensure continuity of care. Staff received training appropriate to their roles and they had access to guidelines and protocols to support them in delivering care. The practice provided various opportunities for patients to access health checks and was pro-active in promoting patient health and well-being.

Good



### Are services caring?

The practice is rated as good for caring. Patient feedback from the national survey and practice survey showed patients were positive about staff, reporting that they were caring, considerate and treated them with dignity and respect. Patients understood the care options available to them and were involved in decisions about their treatment decisions. We saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Good



### Are services responsive to people's needs?

The practice is rated as good for responsive. Staff understood the needs of their local population and considered patients' needs. Patients reported good access to the practice. Urgent appointments were available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. There was

Good



# Summary of findings

an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised. There was evidence of shared learning from complaints with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for well-led. The practice had a clear vision and strategy which incorporated long term planning to maintain and improve patient outcomes. Staff were clear about their responsibilities in the day to day running of the practice. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to support and assist staff in their activity. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and this feedback was considered in the running of the practice. The practice had an active patient participation group (PPG) which was supported by the leadership team. Staff had received inductions, regular performance reviews and attended staff meetings and events. Training was managed using a monitoring log.

Good



# 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

Staff had systems to quickly identify vulnerable adults. Patients over 75 had a named GP to promote continuity of care. The premises were accessible to those with limited mobility. GPs provided care to patients in two local care homes and there were processes to ensure these patients had continuity in their care. Flu vaccinations were promoted for over 65s and the uptake was slightly below national average. The practice had participated in a dementia friends event organised by the patient participation group. There were strong working relationships with external services such as district nurses.

Good



### People with long term conditions

Patients with health conditions were well managed by the practice. Where there were concerns from national data regarding diabetic check-ups the practice had introduced a new means of delivering diabetic care and this new system was being monitored. Patients were provided with access to regular health reviews in line with national standards. Off-site health checks were organised if patients could not attend the practice. There were walk-in cardiovascular clinics to improve patient attendance and flexibility. There were clinical leads for different long term conditions. Patients could be discussed at virtual reviews with external specialists from local hospitals without referring patients to local hospitals. Flu vaccinations for patients at risk of serious health concerns associated with flu (due to long term health conditions), were above national average.

Good



### Families, children and young people

Staff had systems to quickly identify children at risk of abuse. There were regular meetings with the local child safeguarding team and other relevant services. There were walk-in family planning and sexual health clinics available which had been increased by the practice due to their success. The premises were accessible for prams and buggies. Thirty minute antenatal appointments and postnatal clinics were available. The practice worked with health visitors to share information and provide a continuity of care for new babies and families.

Good



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

Extended hours appointments were available on Monday and Tuesday evenings until 8pm and on Saturday mornings from 8.30am to 12pm. The evening extended hours were walk in surgeries for

Good



# Summary of findings

patients who could not attend during normal working hours. Some patients who worked were concerned about the waiting time for appointments when attending the practice. This was reflected in practice survey. Staff told us they were opportunistic in undertaking health checks, such as smears, when patients who did not attend regularly were at the practice.

## **People whose circumstances may make them vulnerable**

Staff had systems to quickly identify patients who may be vulnerable so they could take appropriate action when planning or delivering care. Disabled patients were considered in the design and layout of the building; including accessibility to reception, waiting areas and treatment rooms, plus there was a hearing aid induction loop. The practice had implemented an IT tool which assisted the practice in identifying patients at risk of unplanned admissions and 45 vulnerable patients per GP had been identified as requiring a care plan. The practice worked with local drug and alcohol support services to care for this vulnerable group of patients. Patients at a local probation hostel received care from the GP practice. A translation service was available for patients who did not speak English.

Good



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

External support services were advertised on the practice website and in the waiting area for patients experiencing poor mental health. The practice provided Improving Access to Psychological Therapies (IAPT) access to patients experiencing poor mental health. Staff had regular meetings with the community mental health team (CMHT) and local psychiatrists to discuss and plan patient care. Annual health checks were offered and the practice achieved the national average in the uptake among patients experiencing poor mental health.

Good



# Summary of findings

## What people who use the service say

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey and a survey of over 400 patients undertaken by the practice's Patient Participation Group. The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the national patient survey showed the practice received above national average on positive feedback for treating patients with care and concern. The practice satisfaction scores on consultations showed 85% of practice respondents said GPs were good at listening to them and 84% of nurses were good at listening to them. The survey also showed 89% said the last GP they saw and 85% said the last nurse they saw was good at giving them enough time. This was above the local average.

Patients completed CQC comment cards to provide us with feedback on the practice. We received 37 completed cards and the majority were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful and caring. They said staff treated them with dignity and respect. There were some comments relating to the waiting time in reception and that it was sometimes difficult to book an appointment with a preferred GP. The national survey found that 86% of respondents found it easy to get through to this surgery by phone and 92% said the last appointment they got was convenient. Seventy eight per cent of patients described their experience of making an appointment as good, which is above the local average.

Patients told us waiting times in the surgery when they had a booked appointment could be long. The practice survey identified this as an issue with 33% of patients stating they waited a long time and 13% saying they waited more than 15 minutes. Some patients who worked full time told us that this caused a problem for them. However, the majority of feedback we received from speaking with patients and from comment cards was very positive in all aspects of the practice. We also spoke with nine patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Data from the national patient survey showed 77% (below the local average) of practice respondents said GPs involved them in care decisions and 84% (above the local average) felt the GP was good at explaining treatment and results. The results from the practice's own satisfaction survey showed that 89% of patients said they were sufficiently involved in making decisions about their care.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. This included any decisions about referrals which they said were explained clearly. 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 they wished to receive.

## Areas for improvement

### Action the service SHOULD take to improve

- ensure nursing staff have an appropriate understanding of the Mental Capacity Act 2005.



# Summary of findings

## Outstanding practice

- The practice had implemented an IT tool which assisted the practice in identifying patients at risk of unplanned admissions and 45 vulnerable patients per GP had been identified as requiring a care plan.

# Western Elms 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, a practice manager and practice nurse. The inspection was supported by a member of staff from the Surveys and Qualitative Intelligence team at CQC.

### Background to Western Elms Surgery

Western Elms Surgery has a patient population of approximately 16,000. The premises are located on two floors with all treatment and consultation rooms on the ground floor. There is wheelchair access to the waiting area and to most consultation rooms. There are eight GP partners and a total of 12 GPs working at the practice, as well as locums. There is a mix of male and female GPs working at the practice. The nursing team consists of four practice nurses and two phlebotomists. Administrative and reception staff also work at the practice. Western Elms Surgery is a training practice.

The practice has a General Medical Services (PMS) contract. PMS contracts are subject to local negotiations between commissioners and the practice.

This was a comprehensive inspection.

We visited Western Elms Surgery 317 Oxford Road, Reading RG30 1AT.

The practice has opted out of providing Out Of Hours services to their patients. There are arrangements in place for services to be provided when the practice is closed and these are displayed at the practice and on the website.

### 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. This 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.

This provider had not been inspected before and that was why we included them.

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.

### How we carried out this inspection

Before visiting we checked information about the practice such as clinical performance data and patient feedback. This included information from the clinical commissioning group (CCG), Reading Healthwatch, NHS England and Public Health England. We visited Western Elms Surgery on 11 November 2014. During the inspection we spoke with GPs, nurses, the practice manager, deputy manager, reception staff, patients and representatives of the patient participation group (PPG). We looked at the outcomes from investigations into significant events and audits to determine how the practice monitored and improved its performance. We checked to see if complaints were acted on and responded to. We looked at the premises to check

# Detailed findings

the practice was a safe and accessible environment. We looked at documentation including relevant monitoring tools for training, recruitment, maintenance and cleaning of the premises.

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

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

- Older patients
- Patients with long-term conditions
- Families, children and young patients
- Working age patients (including those recently retired and students)
- Patients living in vulnerable circumstances
- Patients experiencing poor mental health (including patients with dementia)

The practice was located in an ethnically diverse area. Some sections of the local community were deprived according to national data. There were a higher proportion of young patients registered at the practice. The turnover of patients was high.

# Are services safe?

## Our findings

### Safe Track Record

The practice used a range of information to identify risks and improve quality in relation to patient safety. For example, reported incidents and complaints received from patients. Staff we spoke with were aware of their responsibilities to raise concerns, and how to report incidents and near misses.

We reviewed significant events and minutes of meetings where these were discussed for the last year. This showed the practice had managed these consistently and so could evidence a safe track record over the long term.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. Records were kept of significant events that had occurred in recent years and these were made available to us. A slot for significant events was on the practice meeting agenda and a dedicated meeting took place regularly to review actions from past significant events and complaints. There was evidence that appropriate learning had taken place and that the findings were disseminated to relevant staff. The staff including receptionists, administrators and nurses were aware of the system for raising issues to be considered at the meetings and felt encouraged to do so. We saw a significant event related to a needle stick injury. The incident had been investigated robustly and staff we spoke with were aware of investigation.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young patients and adults. Practice training records made available to us showed that all staff had received relevant role specific training on safeguarding. Staff knew how to recognise signs of abuse in older patients, vulnerable adults and children. They were also aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact the relevant agencies in and out of hours. Contact details were available for staff. The practice had a dedicated GP appointed as leads in safeguarding vulnerable adults and children who had been trained to enable them to fulfil this role.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information so staff were aware of any relevant issues when patients attended appointments. This may be children subject to child protection plans. This also enabled reception staff to identify vulnerable patients and take appropriate action to ensure they could make an appointment and see the right GP or nurse.

A chaperone policy was in place and visible on the waiting room TV screen and in consulting rooms. Chaperone training had been undertaken by all staff who performed the role. If nursing staff were not available to act as a chaperone some receptionists had also undertaken training and understood their responsibilities when acting as chaperones.

Patients' individual records were written and managed in a way to help ensure safety. Records were kept on an electronic system called Vision which collated all communications about the patient including scanned copies of communications from hospitals. We saw comprehensive records were stored for the patient record we reviewed.

We looked at meeting minutes from a child protection meeting. The practice identified when there were concerns about children on the at-risk register (a register of children whose circumstances make them vulnerable to abuse) and what considerations staff should take when caring for these children.

### Medicines Management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. There was a policy for expired and unwanted medicines which stated they should be disposed of in line with waste regulations.

We saw a record of a prescribing meeting from February 2014 with a representative from the local medicines management team. There were actions noted for the practice in response to changes in the use of certain medicines and where the practice needed to review their use of medicines. For example, the use of inhalers and insulin use were noted as needing a review.

# Are services safe?

Vaccines were administered in line with legal requirements. There was a practice protocol for receiving and storing vaccines. The vaccines were stored within appropriate temperatures and there was a log of temperatures which indicated the practice checked the fridges regularly. The fridges were alarmed to ensure that staff were alerted if the temperature range required for the vaccines was not maintained.

Prescriptions and repeat prescribing were managed by a designated member of staff. The prescribing clerk was able to explain how they ensured all prescriptions were allocated to GPs to be signed and processed.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. Controlled drugs were stored in a secure cupboard and access to them was restricted and the keys kept securely. Two members of staff were allocated to receiving controlled drugs and undertaking stock checks. The practice policy for controlled drugs stated stock should be checked every month to ensure the stock list matched the actual store of medicines.

## **Cleanliness & Infection Control**

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a lead for infection control. All staff received training in infection control specific to their role at regional training days. We saw evidence the practice carried out audits every two months and improvements were identified and actions listed. We saw from sequential audits that actions were completed. For example, one audit identified that some clinical worktops were not just being used for clinical purposes as other materials were being stored on them in one treatment room. We noted that all clinical work tops were clutter free and ready for use by the staff for clinical purposes.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement control of infection measures. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use.

There was also a policy for needle stick injury. This was available on the intranet, although this was not displayed on clinical treatment room walls. One member of staff did not know that they should ideally attend occupational health within one hour, if possible, when we asked them what action they should take in the event of a needle stick injury. All other staff we asked were aware of the appropriate action to take. We saw from significant events there had been one needle stick injury within the last year and the appropriate action was taken.

Hand hygiene techniques signage was displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had tested the water tanks on the premises for legionella (a germ found in the environment which can contaminate water systems in buildings). The practice did not have a full risk assessment for the building but the checks ensured that the tanks, water supply and air conditioning units were legionella free.

## **Equipment**

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. Equipment was in good working order and we saw equipment maintenance logs and other records that confirmed it was well maintained. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment such as weighing scales. There were arrangements for the ordering and stock checking of medical supplies such as swabs and single use medical equipment for clinical procedures.

## **Staffing & Recruitment**

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks via the Disclosure and Barring Service. The practice had a recruitment policy that set out the standards it followed when recruiting staff. The practice did not check all the GP partners' registration with the General Medical Council

# Are services safe?

(GDC) as a part of their staff checks and some partner's staff files did not contain proof of registration. However, we were shown evidence that all the GPs were registered to practice by the end of the inspection.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff informed us there was a rota system in place for all the different roles in the practice to ensure there were enough staff on duty. The practice had not used any locum GPs for a number of months. There was also an arrangement in place for members of staff, including nursing and administrative staff to cover each other's annual leave. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to ensure patients were kept safe.

## **Monitoring Safety & Responding to Risk**

The practice had systems and policies in place monitor and manage risks to patients, staff and visitors to the practice. These included regular checks of the building, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy which was reviewed yearly.

We saw that any identified risks were discussed at GP partners' meetings and within team meetings. For example, the practice manager had shared the recent findings from an infection control audit with the team.

Risks were assessed and managed. For example, there was a control of substances hazardous to health (COSHH) risk assessment for the storage of chemicals. Fire protocols were followed, such as testing the alarm system and regular fire drills. A fire risk assessment was undertaken with an action plan to mitigate risks in the event of a fire and to prevent the risk of fire. We saw the action log showed the action was being completed. We saw records that showed staff were up to date with fire training and that regular fire drills were undertaken.

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

The practice had arrangements in place to manage emergencies. We saw records showing all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). Records we saw confirmed these were checked regularly.

Emergency medicines were available in a secure area of the practice. These included medicines for the treatment of a number of conditions. Processes were in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A comprehensive business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice used current best practice guidance from the National Institute for Health and Care Excellence (NICE) and from local commissioners. Staff had access to templates for managing and accessing certain conditions. We found they reflected up to date national guidance. Staff told us that changes to national guidance were disseminated to them through meetings, emails and through information discussions. The patient records we reviewed showed GPs and nurses managed patients' care, in line with NICE guidelines.

Patients had a named GP which helped the practice to provide continuity in patients' care. The GPs told us they led in specialist clinical areas such as diabetes and respiratory diseases and that practice nurses supported this work which allowed the practice to focus and manage specific conditions more efficiently. GPs and nurses we spoke with were very open about asking for and providing colleagues with advice and support. For example, GPs told us they supported all staff to continually review and discuss new best practice guidelines for the management of respiratory disorders. The review of the clinical meeting minutes confirmed this had happened.

The practice used computerised tools to identify patients with complex needs and worked with external services to implement multidisciplinary care plans. These were documented in patients' notes. The practice had implemented a tool called 'QAdmission' which assisted the practice in identifying patients at risk of unplanned admissions based on a number of risk parameters. Around 45 vulnerable patients per GP had been identified and had care plans written to reduce the risk of hospital admissions.

National data showed the practice was in line with referral rates to secondary and other community care services for all conditions. The Quality Outcomes Framework (QOF) showed patients with long term conditions were assessed at regular intervals and their care planning ensured that they were seen by a GP or nurse when they needed a health check. Patients with concerns regarding their health conditions could be discussed at virtual reviews with external specialists from local hospitals, enabling GPs to access specialist advice without referring patients in every circumstance of managing complicated health problems.

Staff told us reviews referrals were undertaken via peer review between GPs to ensure that referrals were appropriate. A GP partner told us GPs were aware of each other's lead roles and would refer patients to another GP where this was possible to speed up assessments of patients' needs and reduce the need for referrals to secondary care in many cases.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

### Management, monitoring and improving outcomes for patients

Staff from across the practice had roles in the monitoring and improvement of outcomes for patients. These roles included data input, clinical review scheduling, child protection alerts, prescriptions management and medicines management. The information staff collected was then collated by the practice manager and deputy practice manager to support the practice to carry out clinical audits.

The practice showed us four clinical audits that had been undertaken in recent years. We saw some were examples of completed audits where the practice was able to demonstrate the changes resulting since the initial audit. We saw audits undertaken on the treatment of gout, atrial fibrillation and urinary tract infections using a specific anti-biotic. Of the two audits we saw were completed (repeated) there were clear lessons learnt and action for the individual GPs or practice to consider. We saw audits were stored in a location accessible for all staff and the outcomes were discussed at clinical team meetings.

The practice used the QOF (a national performance measurement tool) to identify whether patient assessment and care met national standards. In the 2012/13 QOF there were concerns about the lack of certain assessments for diabetics. Following the results, and as a result of a change of staffing, the practice implemented a new system of managing diabetic care led by a GP. The GP worked closely with the nursing team to ensure that the practice's performance in managing diabetes was improved and the GP told us that the monitoring of these changes was indicating a significant improvement in QOF results. Staff spoke positively about the culture in the practice around audit and quality improvement.

# Are services effective?

## (for example, treatment is effective)

Staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and the latest prescribing guidance was being used. The IT system flagged up relevant medicine alerts when the GP went to prescribe medicines.

### **Effective staffing**

Practice staffing included GPs, nurses, managerial and administrative staff. We reviewed a staff training log and saw that nearly all staff were up to date with attending courses such as annual basic life support, safeguarding adults and children, information governance, equality and diversity and fire safety. The deputy manager used the log to monitor training.

All staff undertook annual appraisals which identified learning needs from which action plans were documented. Staff interviews confirmed that the practice was proactive in providing training and funding for relevant courses. Practice nurses had defined duties they were expected to perform and were able to demonstrate they were trained to fulfil these duties. A diabetes nurse had recently undertaken specific training in diabetic care. As this was a training practice, GPs who were in training to be qualified as GPs were supervised and supported by their GP mentors.

### **Working with colleagues and other services**

The practice had close links with staff from other services including district nurses, health visitors and midwives who they worked with in delivering patients' care. The practice had a procedure for passing on, reading and taking action on any issues arising from communications with other care providers on the day they were received.

The practice held multidisciplinary team meetings and other means of communication with external services. This included liaison with the community mental health team via bi-monthly meetings and contact with psychiatrists. Gold standards meetings were held to manage the care for patients who were on the end of life register, including local support organisations and district nurses. The practice participated in child protection meetings where specific cases of concern were discussed. The staff we spoke with told us information sharing with district nurses, health visitors and the local social care team worked well and they spoke positively of the relationship with these external professionals.

### **Information Sharing**

The practice used several electronic systems to communicate with other providers. For example, GPs told us patient information was frequently shared via special notes from the local out of hours providers. The system used by the practice meant the information could be shared instantly. Electronic systems were also in place for making referrals. Staff reported that this system was easy to use.

The practice had systems in place to provide staff with the information they needed. An electronic patient record called Vision was used by all staff to coordinate, document and manage patients' care. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

### **Consent to care and treatment**

We found that staff were aware of the Mental Capacity Act 2005. All the GPs we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. Nurses were aware of the Act but did not fully understand when or how it should be applied. There was no formal training provided to nurses on the Act.

There was a consent policy which included how to gain consent, where this should be recorded and issues related to gaining consent from children. There was a section on patients who lack capacity to consent. There was a MCA 2005 policy to support staff on how to assess patients who may lack capacity to determine whether they could or could not consent to their care. There was guidance on how to reach a best interest decision in the policy. Some nurses told us they would refer any concerns where a patient may lack capacity to a GP in order to reach a decision. The consent policy referred to the Gillick competencies for the ability of children to consent to treatment.

### **Health Promotion & Prevention**

New patients had their medical records assessed and those who were on a repeat prescription were given an appointment with registered GP to discuss their needs. Staff told us they were proactive about providing health checks for patients, such as offering smears to patients during routine appointments. Walk in clinics for family planning and sexual health were available to encourage patients to attend for check-ups. Annual physical health



# Are services effective?

(for example, treatment is effective)

checks were provided to patients with mental health problems and QOF data showed the practice was achieving similarly to other practices nationally in meeting annual health checks for these patients.

The practice had numerous ways of identifying patients who needed additional support, and were pro-active in offering additional help. For example, the practice kept a register of all patients with learning disabilities these patients were offered an annual physical health check. The practice had identified the smoking status of 81% of patients over the age of 16 and actively offered nurse led smoking cessation clinics to these patients.

The practice offered a full range of immunisations for children, patients at risk of specific conditions and travel advice and vaccines. Last year's performance for child immunisations was similar to national average. Flu vaccinations were offered to patients at risk of serious health concerns associated with flu (due to long term health conditions) and the uptake was above national average and also offered to those over 65 where the uptake was slightly below national average.

External support services were advertised on the practice website and in the waiting area. This included mental health and drug addiction support services.

# Are services caring?

## Our findings

### **Respect, Dignity, Compassion & Empathy**

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey and a survey of over 400 patients undertaken by the practice's Patient Participation Group. The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the national patient survey showed the practice received above national average on positive feedback for treating patients with care and concern. The practice satisfaction scores on consultations showed 85% of practice respondents said GPs were good at listening to them and 84% of nurses were good at listening to them. The survey also showed 89% said the last GP they saw was good at listening to them and 85% said the last nurse they saw was good at giving them enough time. This was above the local average.

Patients completed CQC comment cards to provide us with feedback on the practice. We received 37 completed cards and the majority were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful and caring. They said staff treated them with dignity and respect. There were some comments relating to the waiting time in reception and that it was sometimes difficult to book an appointment with a preferred GP. However, the majority of feedback we received from speaking with patients and from comment cards was very positive in all aspects of the practice. We also spoke with nine patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We observed staff were careful to follow the practice's confidentiality policy. Reception staff were careful to prevent patients overhearing potentially private conversations.

The practice's patient charter indicated patients should be treated without discrimination and consideration to their religious beliefs and cultural and personal preferences. The charter did not refer to ensuring patients' sexual orientation was respected in the delivery of care. We saw no evidence that patients experienced any kind of discrimination.

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

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 77% (below the local average) of practice respondents said GPs involved them in care decisions and 84% (above the local average) felt the GP was good at explaining treatment and results. The results from the practice's own satisfaction survey showed that 89% of patients said they were sufficiently involved in making decisions about their care.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. This included decisions about referrals which they said were explained clearly. 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

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

Patients were positive about the emotional support provided by the practice. Notices in the patient waiting room, on the TV screen and patient website signposted patients to a number of support groups and organisations, such as dementia and carer support. The practice's computer system alerted GPs if a patient was also a carer. A carers audit was undertaken to identify what improvements could be made to support carers in

## Are services caring?

accessing the practice and other local support services. Reception staff were given training in how to communicate effectively with patients who may be challenging due to emotional or mental health problems.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood by the leadership team and staff who delivered care to patients. For example, nurses told us they were aware of the local problems with drug addiction and worked with local drug and alcohol support services to care for this vulnerable group of patients.

There had been a significant change the GP partners over the last two years but staff told us this had been managed to ensure there was consistency in patients' care. The practice did not use locums. Patients reported that on the whole there was good continuity of care and reasonable accessibility to appointments with a GP of choice. Longer appointments were available for patients who required them such as long term condition reviews, postnatal check-ups and health checks for patients with learning disabilities. This also included appointments with a named GP or nurse. Home visits were made to two local care homes on a specific day each week, by a named GP. Patients who could not attend the practice were offered home visits when needed. The practice worked with health visitors in providing postnatal care.

The practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from the Patient Participation Group (PPG). For example, disabled parking was sought from the council to help access for disabled patients and the PPG was successful in achieving this goal.

The gold standards framework for end of life care was used by the practice. There was a palliative care register and regular internal as well as multidisciplinary meetings to discuss patients and their families and support needs. The practice provided Improving Access to Psychological Therapies (IAPT) access to patients experiencing poor mental health.

### Tackle inequity and promote equality

The practice had recognised the needs of different groups in the planning of its services. GP partners told us the practice registered patients who had no fixed abode. A telephone translation service was used to assist in providing care to patients who could not speak English.

The practice provided equality and diversity training to staff. The premises and services had been adapted to meet the needs of patients with limited mobility. Automatic double doors and level access had been installed. There was a verbal and visual call system for patients with either hearing or visual impairments. An induction loop was available for patients who had hearing impairments. The practice provided care to patients in a local probation hostel.

### Access to the service

Appointments were available from 8am to 6.30pm on weekdays. Extended hours appointments were available on Monday and Tuesday evenings until 8pm and on Saturday mornings from 8.30am to 12pm. The evening extended hours were walk in surgeries for patients who could not attend during normal working hours. Comprehensive information was available to patients about appointments on the practice website and in the reception and waiting areas. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There was also information for patients on how to access out of hours care and treatment on the website for when the practice was closed.

Patients were generally satisfied with the appointments system. They confirmed that they could see a GP on the same day if they needed to and they could see another GP if there was a wait to see the GP of their choice. Patients told us if they wanted to see the GP of their choice it could take up to three weeks. The national survey found that 86% of respondents found it easy to get through to this surgery by phone and 92% said the last appointment they got was convenient. Seventy eight per cent of patients described their experience of making an appointment as good, which is above the local average. To meet the capacity demands on the practice, there has been an increase in four consultation rooms in recent years to enable more patients to be seen. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

Patients told us waiting times in the surgery when they had a booked appointment could be long. The practice survey identified this as an issue with 33% of patients stating they

# Are services responsive to people's needs? (for example, to feedback?)

waited a long time and 13% saying they waited more than 15 minutes. Some patients who worked full time told us that this caused a problem for them. The practice offered phone consultations when requested by patients. This enabled patients who worked to access advice from GPs. A cardiovascular disease clinic was run in the evenings. Drop in clinics for family planning and sexual health were available.

The practice was situated on the first and second floors of the building with services for patients on the ground floor. The practice had provided space for the use of patients with mobility scooters and wheelchairs in reception and wide door ways to a corridor where the majority of consultation and treatment rooms were located. This made movement around the practice easier and helped to maintain patients' independence.

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

The practice had a system in place for handling complaints and concerns. We saw that information was available to help patients understand the complaints system in the reception area in the form of a notice and leaflets. We looked at several complaints received in the last twelve months and found these were satisfactorily handled and dealt with in a timely manner.

The practice reviewed complaints on an annual basis to detect themes or trends. We looked at the report for the last review from March 2014 and no themes had been identified, however lessons learnt from individual complaints had been discussed at meetings and acted upon. We saw complaints were discussed regularly at meetings.

# Are services well-led?

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

## Our findings

### **Vision and strategy**

There were significant changes to the GP partners in recent years which required strong strategic leadership to enable to practice to continue to deliver a continuity of care to patients. For example, roles such as clinical specialisms had to be re-attributed to new staff and where necessary new processes for managing patient care. The practice was in the process of changing the way diabetes care was delivered and all the relevant staff were involved in this change. Clear strategic goals were set to ensure patient care was at the centre of how the practice operated. A decision was made by the leadership team to set a cap for the patient population due to the high numbers of patients joining and leaving the practice. This enabled the practice to ensure capacity met demand. There was also a decision to stop using locum GPs in 2013 partly to improve the continuity of care and the practice had achieved this goal by ensuring there were adequate staff available to cover when GPs were not able to work or on leave.

We found details of the patient charter displayed for staff and patients although it did not include patients' sexual orientation when referring to the considerations of staff in delivering patient care. The practice operated a policy of non-discrimination in the delivery of its services.

### **Governance Arrangements**

The practice had a number of policies and procedures in place to govern activity and these were available to staff via the intranet on any computer within the practice. We looked at several of these policies and procedures. All the policies and procedures we looked at had reviews noted and a date of review for future reference.

The practice held regular governance meetings. We looked at minutes from a governance meeting and found that performance, quality and risks had been discussed. The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards. Staff told us that QOF data was regularly discussed at monthly team meetings and there were leads in different areas of the QOF. The practice had completed a number of clinical audits, where action was taken to

improve the service. This included a diabetes audit undertaken following underperformance on the QOF due to specific health checks not being achieved for some diabetics

The practice had robust arrangements for identifying, recording and managing risks. Risk assessments had been carried out on clinical treatment rooms. A fire risk assessment and resulting actions were in place.

### **Leadership, openness and transparency**

Staff told us there was a clear leadership structure which had named members of staff in lead roles. For example there was a lead nurse for infection control and a GP partner was the lead for safeguarding. We spoke with nine members of staff and they were all clear about their own roles and responsibilities. They all told us that they felt valued, involved in the running of the practice, well supported and knew who to go to in the practice with any concerns.

Staff were involved in meetings, where they could receive important communication and provide feedback. Staff told us that there was an open culture within the practice. There were away days held twice a year but these did not involve the whole staff team, only GP partners and the management team.

We were shown the electronic staff handbook that was available to all staff, this included sections on equality and harassment, whistleblowing, confidentiality and bullying and harassment.

### **Practice seeks and acts on feedback from users, public and staff**

The practice had gathered feedback from patients through patient surveys and comments and complaints. We looked at the results of the annual patient survey and saw that the findings were considered and any action to improve the service provided was included in the survey report. Some of this was information for patients such as where to gain access to the complaints policy.

The practice had an active patient participation group (PPG). The PPG contained representatives from various population groups, but the members we spoke with described their difficulty in recruiting younger patients and broadening the representation from different ethnic backgrounds. The PPG had been pro-active in trying to recruit new members. For example, PPG members engaged with mothers during postnatal clinics during the summer in

# Are services well-led?

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2014. The PPG members told us they were fully involved in designing and analysing of the last patient survey. They told us all eight partners had attended a recent PPG meeting. They had been supported in organising health talks for patients and these had been well attended. The PPG was valued and supported by the practice leadership.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues or the leadership team. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients. The practice had a whistleblowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice.

## **Management lead through learning & improvement**

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at five staff files and saw that regular appraisals took place. Staff told us that the practice was very supportive of training and that they had regional training away days where guest speakers and trainers attended. Western Elms Surgery was a GP training practice and supported GP trainees through supervision and mentoring.

The practice had completed reviews of significant events and other incidents and shared learning outcomes with staff via meetings to ensure the practice maintained a safe environment and, where necessary, improved outcomes for patients.