

# Dr Yvonne Watts

## Quality Report

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
What people who use the service say	5
Areas for improvement	5

### Detailed findings from this inspection

Our inspection team	6
Background to Dr Yvonne Watts	6
Why we carried out this inspection	6
How we carried out this inspection	6
Detailed findings	8
Action we have told the provider to take	21

## Overall summary

### Letter from the Chief Inspector of General Practice

We conducted a comprehensive announced inspection on 20 November 2014 under our new approach to inspecting GP practices.

We found that the practice was providing good outcomes for patients four of the five domains and the overall rating for the practice was good.

Our key findings were as follows:

- The practice had comprehensive systems for monitoring, responding to and learning from incidents when things went wrong.
- The practice was proactive in helping people with long term conditions to manage their health and had arrangements in place to make sure their health was monitored regularly.

- The practice was responsive to the needs of patients and operated a flexible system for routine health reviews and promotion appointments.
- The practice was well led with staff and patients reporting that they felt valued and were involved in making decisions.

However, there were also areas of practice where the provider needs to make improvements.

The provider must:

- Protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity..

**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 safe as there are areas where improvements must be made. There were procedures in place that were followed to identify and minimise risks to the safety of staff and patients. However improvements were required to ensure that risks associated with medicines were minimised.

Staff understood their responsibilities to raise concerns, and report incidents and near misses. There were processes for learning from incidents and improving patient safety where needed. The practice had suitable policies and procedures, including fire safety and health and safety systems and the premises were maintained to reduce risks to both patients and staff.

The practice had systems in place for assessing risks to patients and staff such as risks of health acquired infections.

Requires improvement



### Are services effective?

The practice is rated as good for effective. Data we had access to showed the practice was achieving results that were in line with or better than the national or local Clinical Commissioning Group average, in most areas of assessment and delivery of patient care. Patients' care and treatment took account of National Institute for Health and Care Excellence (NICE) and local guidelines. Patients' needs were assessed and care was planned and delivered in line with current legislation.

The practice was proactive in the care and treatment provided for patients with long term conditions such as asthma and diabetes which were regularly audited areas of clinical practice. The practice worked in partnership with other health professionals to ensure that patients from hard to reach groups such as homeless people and those with alcohol and substance misuse issues received coordinated care and treatment. Staff received training appropriate to their roles and the practice supported and encouraged their continued learning and development.

Good



### Are services caring?

The practice is rated as good for caring. Data showed patients rated the practice in line with the local and national averages for most aspects of care. Patients told us they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them.

Good



# Summary of findings

We saw that staff treated patients with kindness and respect and were aware of the importance of confidentiality. The practice provided advice, support and information to patients, particularly those with long term conditions, and to families following bereavement.

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

The practice is rated as good for responsive. The practice understood the needs of the population group that it served. The majority of patients reported good access to the practice and said that emergency appointments were available the same day.

There was a clear complaints system with evidence demonstrating that the practice responded quickly to issues raised.

**Good**



## **Are services well-led?**

The practice is rated as good for well-led. The practice had an open and supportive leadership and a clear vision to continue to improve the service they provided. We saw that the practice had procedures for identifying areas for improvement. These procedures should be strengthened to demonstrate how improvements are to be made and by whom.

There was a clear leadership structure and staff felt supported by management. The practice had well organised management systems. They met regularly with staff to review all aspects of the delivery of care and the management of the practice. There were systems in place to monitor and improve quality and identify risk.

The practice proactively sought feedback from staff and patients and this was acted upon.

**Good**



# Summary of findings

## What people who use the service say

We gathered the views of patients from the practice by looking at 32 CQC comment cards patients had filled in. The majority of patients who completed comment cards told us that they were satisfied with the service they received. They commented that staff were kind, caring and helpful. Some patients told us that it was very difficult to make appointments, particularly for those who were of working age and this meant that they needed to take time off work to see a GP.

We also spoke with six patients on the day of our inspection. Many patients who gave us their views had been patients at the practice for many years and their comments reflected this long term experience. Patients were positive about their experience of being patients at the practice. They told us that they were treated with respect and the GPs, nurses and other staff were kind, sensitive and helpful.

## Areas for improvement

### Action the service MUST take to improve

- Protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for

the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.

# Dr Yvonne Watts

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and two CQC inspectors. The team included a GP specialist advisor.

## Background to Dr Yvonne Watts

Dr Yvonne Watts practice is located in a purpose built premises in Wymondham. The practice provides services for approximately 4,350 patients living in the area.

The practice is managed by a lead GP, two salaried GPs and one locum GP. The practice employs three practice nurses, two health care assistants and a team of administrative and reception staff who support the practice.

The practice is open between 8.30am and 6pm on weekdays. GP appointments are available from 8am to 12.30pm and 2pm to 6pm and nurse led appointments between 9am and 12.30pm, and 2pm to 5pm. The practice offers two telephone consultation systems, one pre-bookable afternoon clinic which is for medication reviews, blood test results and follow-ups. The second is a telephone triage system dealing with requests for home visits. Home visits are available as required based upon need.

The practice provides dispensing services to approximately 30% of patients.

The practice had opted out of providing GP services to patients outside of normal working hours such as evenings and weekends. Details of how to access out-of-hours emergency and non-emergency treatment and advice were available within the practice and on its website.

## Why we carried out this inspection

We inspected Dr Yvonne Watts as part of our new comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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.

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

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?

# Detailed findings

We also looked at how well services are provided for specific groups of people and what good care looks 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

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 20 November 2014. During our visit we spoke with a range of staff including GP's, practice nurses, reception and administrative staff. We spoke with patients who used the service. We talked with carers and/or family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# 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. The practice had policies and procedures for reporting and responding to accidents, incidents and near misses. Staff we spoke with told us that they were aware of the procedures for reporting and dealing with risks to patients and concerns. They told us that the procedures within the practice worked well. There were systems for dealing with the alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA). The alerts had safety and risk information regarding medication and equipment, often resulting in the review of patients prescribed medicines and/or the withdrawal of medication from use and return to the manufacturer. The practice manager and the pharmacist were responsible for reviewing MHRA alerts. They entered the details of the alerts on a spread sheet and saved the document on their shared information system for staff to access. They disseminated information as appropriate. For example if the alert related to a specific medication they checked patient records for any patients prescribed the item and alerted their GP to review the appropriateness. MHRA alerts were also displayed in staff areas and relevant information highlighted for the information of staff. Any actions taken by the practice in response to the alerts were then documented onto the spread sheet and reviewed to ensure all notifications had been read and responded to appropriately.

There were also arrangements for reviewing and acting on National Patient Safety Agency (NPSA) alerts. These are alerts that are issued to help reduce risks to patients who receive NHS care and to improve safety.

Complaints, accidents and other incidents such as significant events were reviewed regularly to monitor the practice's safety record and to take action to improve on this where appropriate. We reviewed safety records and incident reports and minutes of meetings where these were discussed for the last 12 months. This showed the practice had managed these consistently over time 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.

There were records of incident report forms but it was not always evident those which were potentially deemed to be significant events. We looked at records in respect of incident, which had occurred within the previous twelve months. We found that these had been investigated and learning or changes to practice had been shared with staff. For example we saw evidence that staff had implemented ways to improve communication between the practice team and other healthcare professionals following incidents where miscommunication had resulted in significant events.

Staff, including receptionists, administrators and nursing staff, told us the practice had an open and transparent culture for dealing with incidents when things went wrong or where there were near misses. They told us that they were supported and encouraged to raise concerns and to report any areas where they felt patient care or safety could be improved. All staff we spoke with were aware of and could tell us of changes that had been implemented following serious or significant incidents.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that the majority of staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information with the relevant agencies in working hours and out of normal hours. Contact details were easily accessible and displayed throughout the practice including in clinical rooms.

The practice had appointed a dedicated GP lead in safeguarding for adults and children, who had undertaken the appropriate level of training. (It is considered best practice by The Royal College of Paediatrics and Child Health that clinicians are trained to level 3 safeguarding children training in line with the intercollegiate document). All staff were required to undertake safeguarding training and could demonstrate they had the necessary training to enable them to fulfil this role. All staff we spoke to were aware who these leads were and who to speak to in the practice if they had a safeguarding concern.

## Are services safe?

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; For example, the practice identified when a pregnant mother from the travelling community had failed to attend an antenatal appointment and followed up with the health visitor to ensure the patient was accessing appropriate health services.

The practice had a chaperone policy, which was visible on the waiting room noticeboard. The nursing team and a member of the reception staff undertook the role of a chaperone. Records we viewed showed that staff had undertaken training in chaperoning patients.

Patients' individual records were written and managed in a way to help ensure safety. Records were kept on the practice electronic system which collated all communications about the patient including scanned copies of communications from hospitals. We saw evidence that staff had undertaken training in the use of the electronic system and audits had been carried out to assess the completeness of these records. Action had been taken to address any shortcomings identified.

### 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. Medicines were stored at the appropriate temperature to ensure that they remained effective. The temperatures of fridges used to store medicines were checked daily to ensure that they did not exceed those recommended by the medicine manufacturer.

Processes were in place to check medicines were within their expiry date and suitable for use. Records were maintained to show that these checks were carried out regularly. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

We saw the practice had a monthly prescribing meeting and they reviewed their prescribing practices and agreed changes to medication. They were also in the process of updating their practice formulary to ensure their prescribing patterns matched their dispensing capacity to meet patient's needs.

The nurses and the health care assistant administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of both sets of directions and evidence that nurses and the health care assistant had received appropriate training to administer vaccines.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

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. These procedures were not consistently followed by the practice staff. For example, the controlled drugs register was not being completed in line with the policy. We found that the records of some controlled medicines and the medicines available were inconsistent. There were also a number of instances where records were unclear as to who had received or dispensed some controlled medicines. This meant that controlled medicines could not always be accounted for. The last audit of the medicines had been conducted in 2012.

At the time of our inspection the practice provided a medicines dispensing service to approximately 32% of their patient populations with an in-house dispensary. Dispensing staff at the practice were aware prescriptions should be signed before being dispensed. They told us they checked all prescriptions to ensure they were individually signed. They checked if patients were required to have their medication reviewed and if there were any outstanding recalls on their records. If so, they notified the GP to review and take appropriate action.

Records showed that all members of staff involved in the dispensing process had received appropriate training having achieved National Vocational Qualification (NVQ) level 2. The practice had a system in place to assess the quality of the dispensing process and had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary.

Patients we spoke with told us they were given information about any prescribed medicines such as side-effects and

## Are services safe?

any contra-indications. They told us that that the repeat prescription service worked well and they had their medicines in good time. They also confirmed that their prescriptions were reviewed and any changes were explained fully.

### Cleanliness & Infection Control

Patients we spoke with during the inspection and a number of those who completed comment cards told us that they found the practice was always clean and that they had no concerns. We observed the premises to be clean and tidy. Hand sanitising gels were available for patient and staff use. These were located at the entrance, reception area and throughout the practice as were posters promoting good hand hygiene. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

We saw there were cleaning schedules in place for general and clinical areas and cleaning records were kept. The practice had arrangements for monitoring the infection control procedures and an infection control audit was carried out in November 2014. The audit identified areas for improvement and these improvements had been carried out so as to minimise risks to staff and patients.

There were infection control policies and procedures for staff to follow, which enabled them to plan and implement control of infection measures. These included procedures for dealing with bodily fluids, handling and disposing of surgical instruments and dealing with needle stick injuries. Staff recognised patients who may be more vulnerable and susceptible to infections, such as babies, young children, older people and patients whose immune systems may be compromised due to illness, medicines or treatments. Advice and information was provided so as to help patients protect themselves against the risks of infections.

The practice manager and one practice nurse shared the role of lead for infection control. From records viewed we saw that both had undertaken further training to enable them monitor and oversee the infection control procedures within the practice. Records showed that all other staff had undertaken infection control training.

The practice had conducted a risk assessment to identify and manage the risks associated with legionella (a germ found in the environment which can contaminate water systems in buildings).

### Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and the last test had been carried out in July 2014. Records we viewed showed that relevant equipment such as weighing scales, spirometer, thermometers, ear syringe and the fridge thermometer were calibrated in line with the manufacturer's instructions so as to ensure that this equipment was fit for use.

### Staffing & Recruitment

The practice had suitable and robust procedures for recruiting new staff to help ensure that they were suitable to work in a healthcare setting. We reviewed five staff records for staff appointed over the past 12 months. Records included proof of identification and evidence of each person's qualifications and registration with the appropriate professional body, where appropriate. We saw that appropriate references and criminal records checks through the Disclosure and Barring Service (DBS) had been obtained for all clinical staff. However employment references and DBS checks had not been obtained for all administrative staff. The practice manager confirmed that

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. 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 keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements.

### Monitoring Safety & Responding to Risk

The practice had a health and safety policy, which staff were aware of. Risk assessments were completed, monitored and audited to ensure that the practice environment, equipment and staff practices were safe.

## Are services safe?

The practice had policies and procedures in place for recognising and responding to risks. Staff we spoke with told us that they were aware of these procedures. Staff were able to demonstrate that they were aware of the correct action to take if they recognised risks to patients; for example they described how they would escalate concerns about an acutely ill or deteriorating child or a patient who was experiencing a mental health issue or crisis.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency medicines and equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When asked, all members of staff knew the location of this equipment. Records we viewed confirmed that this equipment was checked regularly.

There were protocols in place for dealing with medical emergencies including the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. The practice had a designated treatment room available with ambulance access.

Staff told us that they had an alert system within their electronic patient records to request staff assistance in case of a medical emergency or other untoward event. Reception staff had access to a check list to help assess and escalate concerns should a patient require immediate medical care. Staff were able to describe incidents where patients required emergency treatment and how they supported these patients.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice such as loss of power, adverse weather or other circumstances that may affect access to the building and unplanned sickness. Each risk was rated and actions were recorded to reduce and manage the risk.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training. Fire equipment had been inspected in August 2014. There were designated fire marshals for areas of the building and staff told us they were aware and confident in evacuation procedures.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to patient care and treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and Knowledge Anglia (CCG guidelines and policies and medical resource material). Staff showed us how these enabled them to access materials and told us best practice was discussed during clinical meetings which we reviewed but these did not evidence this.

The GPs told us they lead in specialist clinical areas such as sexual and family health, research, heart disease and asthma. They told us that the practice nurses supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with told us that there was a very open culture within the practice for seeking advice and support from colleagues.

Staff told us that information relating to patients who accessed the out-of-hours services and patient's test results were reviewed by the duty doctor prior to morning surgery. Staff showed us that where patients were discharged from hospital, their patient records were sent to the patient's GP for review and where appropriate tasks were set up for the administrative team to action.

Records we viewed showed that the practice had low accident and emergency admission rates for their patients demonstrating that treatments provided were effective.

### Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, managing child protection alerts and medicines management. During the team away day in April 2014 the practice conducted process mapping exercises to promote staff understanding of the individual and joint roles and responsibilities within the practice team. Staff told us that this had helped to develop an understanding of how they contribute to the coordinated delivery of care.

The practice had a system in place for carrying out clinical audit cycles, a process by which practices can demonstrate

on-going quality improvement and effective care. Clinical audits are ways in which the delivery of patient treatment and care is reviewed and assessed to identify areas of good practice and areas where practices can be improved. At the time of our inspection there were no completed audit cycles. Two clinical audits had been commenced. One audit had been commenced in September 2014 using the GRASP AF tool to reduce the risk of strokes in patients who had atrial fibrillation (irregular heart rhythm). This audit was due to be reviewed in September 2015. A second audit was in progress, monitoring the effectiveness of treatments for patients who had chronic obstructive pulmonary disease (COPD). This audit was due for review in July 2015. The practice showed us their annual review of their minor surgical procedures that had been undertaken, highlighting a complication rate but did not include any analysis or learning points identified.

The practice used information, safety alerts or as a result of information from the Quality and Outcomes Framework (QOF) to monitor and improve the effectiveness of treatments and outcomes for patients. QOF is a national performance measurement tool. GPs told us that they monitored their performance against national screening programmes to improve outcomes for patients. They told us that where their performance in areas was low the lead GP would task the clinical team to concentrate on improving performance. This practice was not an outlier for any QOF (or other national) clinical targets. However, we found that their coding of some patients notes was incorrect which meant that the practice was failing to identify the correct numbers of patients with chronic kidney disease. The lead GP showed us that the issues with coding were being addressed with dedicated staff tasked with checking and recoding patient information, where appropriate.

The practice protocol for repeat prescribing was in line with national guidance and 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, asthma and chronic heart disease and that the latest prescribing guidance was being used. The practice IT system flagged up relevant medicines alerts when the GP was prescribing medicines.

The practice currently had 11 patients on their palliative care register. The practice held regular multidisciplinary

# Are services effective?

## (for example, treatment is effective)

meetings (at least 4/5 weekly) which were well attended by external professionals such as the Macmillan nursing team to help ensure that patients with life limiting conditions were treated and supported appropriately.

The practice also participated in local prescribing benchmarking run by the South Norfolk Clinical Commissioning Group (CCG). This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. We looked at prescribing progress reports from South Norfolk CCG and the practice comparable favourably with similar surgeries.

### Effective staffing

The practice employed staff who were appropriately skilled and qualified to perform their roles. Appropriate checks had been made on new staff to ensure they were suitable for a role in healthcare. We spoke with staff and reviewed staff records and saw that all staff were up to date with training including annual basic life support, infection control and fire safety. GPs we spoke with told us that they had specific interest areas such as research, dementia, diabetes, sexual and family health. All GPs were up to date with their yearly continuing professional development requirements and all had either completed their revalidation or had a date set for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by NHS England can the GP continue to practise and remain on the performers list with the General Medical Council).

Staff including practice nurses and health care assistants had clearly defined roles within the practice and were able to demonstrate that they were trained to fulfil these duties. All staff undertook annual appraisals of their performance from which learning and development needs were identified. Records viewed showed that staff had individual personal development plans in place. Staff we spoke with confirmed that the practice was proactive in providing training and funding for relevant courses. For example one member of the reception staff told us that they were undertaking phlebotomy and dispensing training. They told us that the practice manager had proposed lunchtime training to assist them in understanding medical terminology. The practice also had systems in place for identifying and managing staff performance should they fail to meet expected standards

### Working with colleagues and other services

The practice worked with other service providers, including social services, the local hospital trust and community services to meet patients' needs and manage complex cases. There were clear procedures for receiving and managing written and electronic communications in relation to patients' care and treatment. Correspondence including test and X-ray results, letters including hospital discharge, out of hour's providers and the 111 summaries were reviewed and actioned on the day they were received. All staff we spoke with understood their roles and felt the system in place worked well.

The practice held monthly multidisciplinary team meetings to which the relevant community health and social care professionals were invited to review and plan care and treatment for patients such as those who with life limiting illnesses and vulnerable patients. The practice reported difficulties with some community nursing teams attending meetings due to the implementation of a more remote system for working practices within the community. However, the community nursing teams had access to the practice's electronic patient systems so that information was jointly recorded on the patient record and shared in a timely manner. Staff felt the use of the electronic patient recorded system worked well to maintain a comprehensive record of health interventions. The practice had an established system for patient referral to external services for assessments, treatment or advice.

### Information Sharing

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the recent introduction of the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

The practice used several electronic systems to communicate with other providers. For example, the community nursing team and health visitors had access to the patient records where patients had consented to the sharing of their medical information. Electronic systems were also in place for making referrals, and the practice made the majority of their referrals last year through the Choose and Book system. (The Choose and Book system

# Are services effective?

(for example, treatment is effective)

enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital). Staff reported that this system was easy to use.

The practice had ensured the electronic Summary Care Records had been uploaded and were accessible on line. Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or outside of normal hours.

## Consent to care and treatment

The practice had policies and procedures in place for obtaining a patient's consent to care and treatment where people were able to give this. The procedures included information about people's right to withdraw consent. GPs and nurses we spoke with had a clear understanding of the practices' consent policies and procedures and told us that they obtained patient's consent before carrying out physical examinations or providing treatments.

Staff we spoke with were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties to meet the requirements of these legislations when treating patients. Staff told us that they had not undertaken training in this area. The practice manager acknowledged this was an area where staff would benefit from formal training and had made enquiries regarding appropriate training courses. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing, where they were able to do so. When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision. All clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 years who have the legal capacity to consent to medical examination and treatment).

There was a practice policy for documenting consent for specific interventions. For example, for all minor surgical procedures, a patient's verbal consent was documented in the electronic patient notes with a record of the relevant risks, benefits and complications of the procedure.

## Health Promotion & Prevention

There was a wide range of information leaflets, booklets and posters about health, social care and other helpful topics in the waiting room, reception and entrance hall where patients could see them. These included information to promote good physical and mental health and lifestyle choices. We saw information about promoting and maintaining physical and mental health, domestic violence advice and support was prominently displayed in waiting areas with helpline numbers and service details. Information available included advice on diet, smoking cessation, alcohol consumption and substance misuse. There was information available about the local and national help, support and advice services. This information was available in written formats within the practice and on the practice website.

All newly registered patients were offered routine medical check-up appointments with a health care assistant or nurse. Patients between 40 and 74 years old who had not needed to attend the practice for three years and those over 75 years who had not attended the practice for a period of 12 months were encouraged to book an appointment for a general health check-up. We noted a culture among the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing. The practice had identified and offered appropriate smoking cessation support to patients.

The practice's performance for cervical smear uptake was within expected range for the practice within the CCG area. There was a policy to offer telephone reminders for patients who did not attend for cervical smears and the practice audited patients who do not attend annually.

Information about the range of immunisation and vaccination programmes for children and adults, including MMR, Shingles and a range of travel vaccinations were well signposted throughout the practice and on the website. Data we looked at before the inspection showed that the practice was performing in line with other practices in the area for take up of childhood immunisations.

# 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 2013 national patient survey, and a survey of 100 patients undertaken by the practice in 2014. We saw that patients responded positively indicating that they received a highly personalised, responsive and caring service.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 32 completed cards and the majority were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. Two comments were less positive regarding the accessibility of the service as patients were told they had to wait for an appointment. We also spoke with 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. Fabric curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located away from the reception desk, which helped keep patient information private. Private facilities were available to speak with patients away from the public reception area to maintain patient confidentiality. We also saw that there were arrangements in place for the secure disposal of confidential records and information through a commissioned service.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients'

privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us she would investigate these and any learning identified would be shared with staff.

There was a policy and procedure in place to support and manage patients who displayed abusive behaviour. Staff told us how they would try to immediately diffuse the situation and accommodate patients' needs wherever possible.

### 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 the majority of practice respondents said the GP involved them in care decisions and they felt the GP was good at explaining treatment and results. Both these results were similar to the average compared to the local Clinical Commissioning Group (CCG) area. The results from the practice's own satisfaction survey showed that 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. 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 patients can request an interpreter service. The practice told us that they were not aware of any patient who did not speak English as their first language.

The practice had age appropriate literature available for children and young people, including "a below the bra guide to the female body" and "a below the belt guide to the male body."

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

## Are services caring?

The practice had policies and procedures in place for identifying and support patients who voluntarily spent time looking after friends, relatives, partners or others, who needed help to live at home due to illness or disability. Patients who were carers for others were identified at registration we were shown the written information available for carers to ensure they understood the various avenues of support available to them.

The survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. Notices in the patient waiting room, told people how to access a number of support groups and organisations.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This information was also

recorded in a manual rest in peace book held at reception which all staff were required to review to ensure they were aware and to reduce the risk of making inappropriate or insensitive remarks.

The practice had arrangements for obtaining patients' wishes for the care and treatment they received as they approached the end of their lives. Patients' wishes in respect of their preferred place to receive end of life care were discussed and doctors worked with other health care professionals and organisations to help ensure that patients' wishes were acted upon. Information was available about the support available to patients who were terminally ill and their carers and families. Staff told us that if families had suffered bereavement, their usual GP contacted them.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood and was responsive to the different needs of the population it served and acted on these to plan and deliver services. The practice kept registers for patients who had specific needs including vulnerable and homeless people and those with dementia, mental health conditions, learning disabilities or life limiting conditions who were receiving palliative care and treatment. These registers were used to monitor and respond to the changing needs of patients.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient survey. For example the practice had implemented a text reminder service for patients reminding them of appointments.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. The practice provided services to the travelling community and patients with drug and alcohol attendance.

The practice provided equality, diversity and dignity training through e-learning. Staff we spoke with confirmed that they had completed the equality and diversity training on line and discussed at staff appraisals.

The premises and services had been adapted to meet the needs of people with disabilities. The practice is located in a purpose built property with automatic entrance doors and car park to the front of the building ensuring easy access for disabled and wheelchair users. The practice had provided turning circles in the wide corridors for patients with mobility aids. This made movement around the practice easier and helped to maintain patients' independence.

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 including disabled facilities were available for all patients attending the practice including baby changing facilities.

### Access to the service

Appointments were available from 8:30am to 6:00pm on weekdays. Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. Longer appointments were also available for people who needed them or requesting them with the practice. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Patients were generally satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to and they could see another doctor if there was a wait to see the doctor of their choice. Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice. For example, the practice operated a system whereby a third of their appointments could be booked 48 hours in advance, a third on the day and a third available for emergencies. If all appointments had been taken a diary system operated whereby the duty doctor would call the patient back and assess whether they required an assessment that day and would extend the clinical sessions if necessary. The practice had reviewed the present system and found it was sufficiently responsive to meet their patient's clinical needs.

The practice did not offer extended opening hours for patients in the evening or weekends. However they had considered seasonal variations such as increased demand in the winter for vaccinations and reduced daylight hours during the winter months and how this may impact on certain patient group's attendance. For example elderly patients were less inclined to attend evening appointments when it was dark due to safety and transport concerns. The practice had introduced early appointments between 08:30 and 9am on three mornings a week: Monday, Thursday and Friday to accommodate the working population. Working age patients we spoke with told us that this assisted them in making appointments that met their needs.

The practice conducted home visits where appropriate for patients and on a Tuesday morning to the local care home.

Listening and learning from concerns & complaints

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

The practice had a system in place for handling complaints and concerns. There was a designated person who handled complaints at the practice. However the complaints policy was not in line with recognised guidance and contractual obligations for GPs in England. The policy included information about patients and what they could do if they remained dissatisfied with the outcome of the complaint or the way in which the practice handled their concerns. The complaints information made also made reference to escalating complaints to the Parliamentary and Health Services Ombudsman, a free and independent service set up to investigate complaints where individuals feel that they have been treated unfairly or have received poor service from government departments and other public organisations.

We noted that there was no information available within the communal waiting area to advise patients how to complain if they were unhappy. Staff told us that complaint forms were kept at reception and made available to patients upon their request. They agreed that this information should be more easily accessible and complaints information was made available in the patient waiting area. Patients we spoke with during our inspection

told us that they did not have any complaints about the practice. They said that should they have complaints or concerns they would raise these with the receptionist or GP. Patients said that they felt confident complaints would be dealt with fairly and quickly.

We looked at records for the four complaints received within the last 12 months. We could not find evidence that they had been acknowledged and investigated as outlined by the practice complaints procedure. One complaint was currently under investigation by the Ombudsman and the practice was awaiting the outcome.2015. We found evidence that complaints had been discussed during team meeting to ensure all staff were able to learn from these and to improve practices where needed.

The practice reviewed complaints annually to detect themes or trends. Their analysis of complaints from the previous year had identified a potential issue with the accessibility of appointments and re-arrangement of appointments due to staff sickness. Therefore, the practice patient survey chose to concentrate on patient experience of customer care and accessibility of appointments/access to clinical staff.

# Are services well-led?

Good 

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

## Our findings

### Vision and Strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice statement of purpose identified its aims and objectives “to provide patients registered at the practice with personal healthcare of high quality and seek continuous improvement on the health status of the practice population overall.”

The lead GP told us that despite advertising, they had been unable to recruit GPs to be partners in the service. They told us of their intention to merge with another local GP practice to increase the sustainability of the service due to the increasing financial and resource pressures on the service.

We spoke with members of staff and they all knew and understood the vision and values and knew what their responsibilities were in relation to these. We looked at minutes of the practice away day held in July 2014 and staff told us they were committed to maintaining a highly personalised, family friendly, local practice.

### Governance Arrangements

There were arrangements in place to ensure the continuous improvement of the service and the standards of care. The policies and procedures were clear, up to date and accessible to staff. Staff told us that they were aware of their roles and responsibilities within the team. The majority of staff had lead roles, these included infection control, palliative care and safeguarding. During the inspection we found that all members of the team we spoke with understood their roles and responsibilities. Staff we spoke with confirmed that they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at monthly team meetings. We reviewed meeting minutes from April 2014 and found them to be comprehensive with action points and assignment of tasks with staff held accountable.

The practice held monthly governance meetings to discuss any areas for improvements. The practice manager confirmed that there were no written risk assessments, such as environmental risk assessments in place for identifying any areas of risks to staff and patients. They assured us that visual checks were carried out regularly and we were provided with evidence that these had been started following our inspection visit.

### Leadership, openness and transparency

There was a clear leadership structure within the practice with named members of staff in lead roles. All staff we spoke with told us that all members of the management team were approachable. They were encouraged to share new ideas about how to improve the services they provide. Staff spoke positively about the practice and how they worked collaboratively with colleagues and health care professionals. Staff told us that they felt very well supported within the practice. They told us that the practice was well managed. They told us that there was an open and transparent culture within the practice.

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

The practice had gathered feedback from patients through various sources including social media (Facebook page) and a streetwise page (website serving the Wymondham Community). A suggestions box was available within the communal waiting area and patients could leave comments on the practice website.

A patient survey was conducted in February 2014. The survey sought opinions and experiences on a range of issues such as access to clinical staff both doctors and the nursing team, obtaining a prescription and obtaining test results. The practice performed consistently well in all areas with patients rating the service as good, very good or excellent. Where patients had provided additional comments, many commented on the polite, helpful and supportive staff but a few made reference to waiting for appointments and requested weekend or late opening. The questionnaire findings were shared with staff and had been considered by the practice and resulted in the introduction of earlier appointments.

The practice had an active Patient Participation Group (PPG) established in January 2014. A patient participation group is a forum made up of patients and staff who share information and help influence changes and improvements

# Are services well-led?

Good 

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

in general practices. The PPG consists of approximately six patients, both male and female. The group was predominately made up of people over 50 years of age despite attempts to recruit a more representative sample. The PPG held quarterly meetings, or more frequently as required, in response to projects being jointly undertaken with the practice. The chair of the PPG spoke highly of the practice and their commitment to greater transparency and joint working. The PPG told us about jointly working for health promotion such as rheumatoid twelve golden week's campaign, conducting health checks, blood pressure checks and promoting awareness for the breadth of services available. The events were well attended and well received by patients and prospective patients.

The meetings are minuted and distributed for comment and agreement. The PPG had confidence in the practice management and felt they were open to challenge and responsive to concerns. The PPG wishes to extend the working relationship with neighbouring practices to promote and enhance service delivery. For example, co-ordinate pharmacy orders and deliveries and complement other activities.

The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistleblowing policy to help ensure that staff could raise concerns without fear of recriminations.

Management lead through learning & improvement

The practice told us they currently provide their salaried GP's with 4 days personal development/study leave. However, this is less than stipulated under the model salaried GP contract for a GP employed under a General Medical Services Contract. This was raised with the practice who were reviewing the arrangements to ensure they met their currently contractual responsibilities to staff (required to have 4 hours a week for salaried GP).

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 which included a personal development plan. Staff told us that the practice was very supportive of training and that they had a staff away day in April 2014. The practice had identified the reporting of significant events as a potential training and development need to ensure appropriate capturing and investigation of concerns.

Dr Yvonne Watts is a GP training practice and had a qualified GP trainer and a trainee trainer. At the time of our inspection there were no trainee GPs undertaking training at the practice.

The practice had management systems in place which enabled learning and improved performance. We spoke with a range of staff who confirmed that they received annual appraisals where their learning and development needs were identified and planned for. Staff told us that the practice constantly strived to learn and to improve patient's experience and to deliver high quality patient care.

This section is primarily information for the provider

## Compliance actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines  <b>The provider must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.</b>