

Willow Green Surgery

Inspection 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 location

Good 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

Overall summary

This practice is rated as Good overall. (Previous rating October 2016 – Good)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Willow Green Surgery on 22 June 2018 as part of our inspection programme.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved patients in their care and treated them with compassion, kindness, dignity and respect
- Patient feedback on the service provided was positive.

- Patients found the appointment system easy to use and reported that they could access care when they needed it.
- Staff enjoyed working at the practice and felt supported by management.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

The areas where the provider **should** make improvements are:

- Improve the recording of significant events and ensure actions agreed are followed up.
- Provide awareness training for all staff on the 'red flag' sepsis symptoms that might be reported by patients and how to respond.
- Continue efforts to increase the uptake of cervical screening.
- Complete the full cycle for audits undertaken so that improvements to care and treatment can be demonstrated.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a second CQC inspector, GP specialist adviser and a practice manager specialist adviser.

Background to Willow Green Surgery

Willow Green Surgery is a practice offering general medical services to the population of East Preston and the surrounding area in West Sussex. There are approximately 9,900 registered patients. The practice had recently taken on an additional 1,200 patients because of a nearby practice closure.

The practice population has relatively large numbers of people aged 65, 75 and 85 and older compared to the local and national average. It has less than the local and national average numbers of patients under the age of 18. The percentage of registered patients living in deprivation (affecting both adults and children) is lower than the average for both the clinical commissioning group area and England.

Willow Green Surgery is run by four GP partners. The practice employs two salaried GPs. Three of the GPs are male and three are female. There is one nurse

practitioner, three practice nurses, two healthcare assistants, two paramedic practitioners, a team of administrative and reception staff and a practice manager.

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; maternity and midwifery services; family planning; and surgical procedures.

Services are provided from one location:

Willow Green Surgery, Station Road, East Preston, Littlehampton, West Sussex, BN16 3AH

For information about practice services, opening times and appointments please visit their website at <http://www.willowgreensurgery.co.uk>

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for new staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. However, it was noted that whilst receptionists were aware of actions to take if they

encountered a deteriorating or acutely unwell patient they had not had any awareness training specifically in relation to the 'red flag' sepsis symptoms that might be reported by patients.

- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

There was evidence practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

Are services safe?

- There was a system for reviewing and investigating when things went wrong. We saw several examples of where the practice shared lessons and acted to improve safety in the practice. For example, after one significant event we saw that the practice had changed its policy to ensure that after two appointments with a nurse practitioner for a problem that was not resolving, the patient should be assessed by a GP. We saw that this event was discussed at a clinical meeting and that the patient involved had been written to with an apology and explanation. The practice updated its appointment policy to reflect the change in procedure. However, it was noted that for some significant events there was insufficient detail about who had been involved and how and with whom the learning outcome had been shared. For example, we looked at the significant event record for a patient that died unexpectedly. There was

little detail on the record about what happened, and how and whether the learning outcome had been shared. There was no evidence that this event had been discussed at a clinical meeting. It was also not always clear whether action agreed because of significant events was implemented or followed up to ensure it had happened. The practice was aware that the recording of significant events needed improvement and showed us a new template they planned to implement which captured all the necessary information in more detail. The form also required details of follow up to be included.

- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice and all of the population groups as good for providing effective services overall .

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice maximised the used technology to improve decision making around care and treatment and ensure best practice was followed. For example, it had invested in a clinical decision support tool that worked alongside its patient information system. This gave clinicians easy access to the latest evidence based resources. It also ensured that clinicians could follow clinical pathways that provided localised, standardised care.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a multi-disciplinary, anticipatory care plan in place.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Nursing and residential homes were aligned to specific practices in the locality. The practice carried out a weekly ward round in the residential home it was aligned to. This provided consistency and continuity for patients. There were strong links with nursing home managers which enabled good communication about residents and their care plans.
- The practice worked with community pharmacists and clinical commissioning group pharmacists to ensure optimum and effective prescribing practices for older patients.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. The practice had a designated GP lead for each long-term condition.
- The practice ran combined clinics with the community specialist nurse for patients with diabetes.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice's performance against quality indicators for long term conditions was below local and national averages for asthma, chronic lung disease and diabetes. This was because the practice had taken on 1,200 patients from a nearby practice that closed in 2016. The practice's QOF targets were suspended for two years in 2016, in agreement with the local clinical commissioning group (CCG) and the local medical committee (LMC), to give the practice time to adjust, reorganise and restructure its chronic disease management to accommodate the additional patients.

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The GP lead for safeguarding children had regular meetings with the health visitor and school nurse.
- The practice's patient information system produced bespoke, evidence based templates specific to paediatric needs.

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

- The practice's uptake for cervical screening was 77%, which was below the 80% coverage target for the national screening programme. The practice told us that they wrote to patients who did not attend for cervical screening. The practice's information system highlighted if a patient was due for a smear test so that clinicians

Are services effective?

could encourage uptake if they were seeing the patient for something else. Patients could also access Saturday morning cervical screening appointments within the locality which made it easier for those who worked during the week.

- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- The practice's information system identified patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Patients with a learning disability were provided with an annual review of their health care needs with their own GP. The practice used a detailed template for reviews which ensured patient views were expressed and captured and that an action plan was produced.

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

- The practice provided an annual review for patients with dementia and worked closely with the community mental health team, the dementia support worker and the local memory assessment service.
- Patients with severe and enduring mental health problems had documented care plans and were offered an annual review.
- The practice's performance on quality indicators for mental health was mostly in line with local and national averages except for the recording of alcohol consumption for patients with severe and enduring mental health problems.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives. The practice used information about care and treatment to make improvements. The practice provided evidence that 16

audits had been undertaken over the last two years. However, the examples we were shown were not completed cycles which meant that the outcomes had not yet been concluded.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.

Coordinating care and treatment

Staff worked with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

Are services effective?

- The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice recorded the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone and email GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and paramedic practitioners also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice's patient support group provided a transport service for older patients to the surgery, the hospital and other community facilities.
- There were raised chairs in the waiting area for older patients with mobility difficulties.

People with long-term conditions:

- Patients with more than one long term condition could have their needs reviewed in one longer appointment if required.

Families, children and young people:

- The practice's telephone triage system enabled children under five years of age to be fast tracked and seen as a priority.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included extended opening hours, Saturday appointments and email and telephone appointments.
- Patients had on line access to appointment booking and repeat prescription ordering.

People whose circumstances make them vulnerable:

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to care and treatment

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were in line with or above local and national averages for questions relating to access to care and treatment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.

Are services responsive to people's needs?

- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision to deliver high quality, sustainable care.

- There was a clear vision and set of values.
- Staff were aware of and understood the vision and values.
- The practice worked with other organisations to achieve health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

- The practice observed the safety and well-being of all staff.
- The practice promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Are services well-led?

- The practice used performance information which was reported and monitored.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The practice made use of internal and external reviews of incidents and complaints.
- Learning was shared and used to make improvements.

Please refer to the evidence tables for further information.