

# Woodcote Medical

## Quality Report

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Woodcote Medical on 28 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were mostly assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. However some of the patients we spoke to reported issues in getting appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

There were areas of practice where the provider should make improvements:

- Review practice procedures for reading and reviewing patient letters so they are safe and decisions are made by clinical staff.
- Ensure systems are in place for all staff to have annual basic life support training.
- Ensure that the recommendations in the legionella risk assessment are actioned.
- Review the practice procedures to monitor prescriptions which are not collected.

# Summary of findings

- Ensure the refrigerator temperatures are recorded consistently on days the practice is open and that the cold chain policy is accessible.
- Ensure that the business continuity plan is accessible at the branch practice in the event of an emergency.
- Review systems in place to ensure that patients with a learning disability are regularly reviewed.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were mostly assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP Patient Survey showed patients rated the practice at or above average for many aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



# Summary of findings

## Are services responsive to people's needs?

Good



The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. However some of the patients we spoke to reported issues in getting appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice provided a phlebotomy service at the practice which suited older patients who may have difficulty in getting to the hospital and the service also improved monitoring of patients with long term conditions.
- The practice provided minor surgical procedures including cryocautery and joint injections which reduced the need for referrals to hospital.
- The practice commissioned an in-house pharmacist who assisted and supported prescribing clerks, ran regular medicines review clinics in the practice and reviewed medicines for housebound patients and assisted the GPs during ward rounds in nursing homes.

## Are services well-led?

Good



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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GPs encouraged a culture of

# Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice GPs provided care for 26 local care/nursing/residential homes supporting the needs of 222 residents.
- The practice had a dedicated phone number for all patients on the unplanned admissions register to avoid having to come through reception. The carers of these patients were also invited for the appointments regardless of whether they were registered patients of the surgery.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The national Quality and Outcomes Framework (QOF) data showed that 79% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 72% and the national average of 78%. The number of patients who had received an annual review for diabetes was 89% which was above the CCG average of 86% and in line with the national average of 88%.
- The national QOF data showed that 84% of patients with asthma in the register had an annual review, compared to the CCG average of 75% and the national average of 75%.
- Longer appointments and home visits were available for people with complex long term conditions when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

# Summary of findings

- The practice provided a phlebotomy service, electrocardiography and spirometry to improve monitoring of patients with long term conditions.
- The practice used a risk stratification tool that analysed medicine interactions and blood result anomalies; this was monitored and actioned by the in-house pharmacist.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of urgent care and Accident and Emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was in line with the Clinical Commissioning Group (CCG) average of 82% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



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

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

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

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, carers, travellers and those with a learning disability.

Good





# Summary of findings

- The practice offered longer appointments and extended annual reviews for patients with a learning disability; only 20% (19 patients) out of 97 patients with learning disability had received a health check in the last year. The practice had developed an action plan to improve the number of patients who had this check which included specific training for all practice staff from the learning disability nurse.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had a dedicated phone number for all patients on the unplanned admissions register to avoid having to come through reception. The carers of these patients were also invited for the appointments regardless of whether they were registered patients of the surgery.

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

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

- The number of patients with dementia who had received annual reviews was 81% which was below the Clinical Commissioning Group (CCG) average of 85% and national average of 84%.
- 91% of 136 patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months which was above the CCG average 85% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



## Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice ran a regular GP clinic at a local mental health NHS trust supporting the needs of the patients.
- The practice had access to a counsellor who provided regular sessions at the surgery where necessary supporting the needs of patients with depression and anxiety disorders. The practice patients who used this service had a 70% recovery rate.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed that the practice was performing in line with local and national averages. Two hundred and sixty four survey forms were distributed and 108 were returned. This represented approximately 1% of the practice's patient list.

- 63% found it easy to get through to this surgery by phone (Clinical Commissioning Group (CCG) average of 73%, national average of 73%).
- 84% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 82% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).

- 65% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 74%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients. We received 28 comment cards which were all positive about the standard of care received. All the patients felt that they were treated with dignity and respect and were satisfied with their care and treatment.

We spoke with 14 patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring.

# Woodcote Medical

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a second CQC inspector, a GP specialist advisor, a practice manager specialist advisor and an Expert by Experience.

## Background to Woodcote Medical

Woodcote Medical provides primary medical services in Purley and Coulsdon to approximately 15000 patients and is one of 59 practices in Croydon Clinical Commissioning Group (CCG). The practice population is in the second least deprived decile in England.

The practice population has a lower than CCG and national average representation of income deprived children and older people. The practice population of children is lower than the CCG and in line with national average and the practice population of working age people is lower than the CCG and in line with national average; the practice population of older people is lower than the local average and in line with national average. Of patients registered with the practice for whom the ethnicity data was recorded 25% are white British, 2% are other white and 2% are Indian.

The practice operates from two branches one in Purley and one in Coulsdon. The Purley surgery operate in purpose built premises; the Coulsdon branch operate in converted premises. Patient facilities are wheelchair accessible on the ground floor on both the practices; GPs and nurses see patients on the ground floor if they have mobility issues. The Purley practice has access to seven doctors'

consultation rooms, one phlebotomist/healthcare assistant consultation room on the ground floor and two nurses' consultation rooms on the lower ground floor one of which is used for minor surgery. The Coulsdon practice has access to two nurses' consultation rooms on the ground floor and three doctors' consultation rooms on the first floor.

The clinical team at the surgery is made up of two full-time GPs (one male and one female) who are partners and three part-time GPs (two male and one female) who are partners, three full-time salaried GPs (one male and two female), one part-time female nurse practitioner, two full-time and three part-time female practice nurses and one full-time male healthcare assistant and one part-time female healthcare assistant. The non-clinical practice team consists of business manager, practice manager, deputy practice manager, admin manager, and 24 administrative and reception staff members. The practice provides a total of 56 GP sessions per week.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). The practice is a training practice for trainee GPs, physician associates and medical students.

The practice reception and telephone lines are open from 8:00am till 6:30pm Monday to Friday. Appointments are available from 8:00am to 12:30pm and 2:00pm to 6:00pm every day. Extended hours surgeries are offered on Wednesdays from 6:30pm to 8:00pm and on Saturdays from 9:00am to 11:30am.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8am and directs patients to the out-of-hours provider for Croydon CCG.

# Detailed findings

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

## Why we carried out this inspection

We inspected this service 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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 June 2016.

During our visit we:

- Visited both the main and branch practice sites.
- Spoke with a range of staff including five reception and administrative staff, the practice manager, deputy practice manager, business manager, reception

manager, five GPs, practice nurse and the phlebotomist/healthcare assistant and we spoke with 14 patients who used the service including two members of the practice's Patient Participation Group (PPG).

- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?
- We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:
  - Older people
  - People with long-term conditions
  - Families, children and young people
  - Working age people (including those recently retired and students)
  - People whose circumstances may make them vulnerable
  - People experiencing poor mental health (including people with dementia)

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events and maintained a log on the computer system.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the surgery had two patients with similar names; the incorrect patient was booked for an appointment but the correct patient attended the appointment. This resulted in the GP making entries in the incorrect patient's notes and referral being made for the incorrect patient. The practice only realised this mistake when the patient went for the hospital appointment. Following this staff were reminded to check the patient's address in addition to name and date of birth when booking the appointment.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had

received training relevant to their role. GPs were trained to Child Protection level 3, nurses were trained to Child Protection level 2 and non-clinical staff were trained to Child Protection level 1.

- Notices in the clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The practice staff read and signed a copy of an infection prevention workbook produced for GP practices by NHS Infection Prevention and Control team. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had plans in place to address recommendations from this audit including changing some taps, sinks and replacing carpets on the consultation rooms with appropriate flooring.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security); however the practice staff could not access the cold chain policy in the branch surgery on the day of inspection. There were some occasional gaps in the monitoring of refrigerator temperatures in which vaccines were stored; however the refrigerator had a memory card which stored all the temperatures which could be accessed any time. Processes were in place for handling repeat prescriptions which included the review of high risk medicines; however the practice had not carried out an audit of prescriptions not collected in the last year. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or

## Are services safe?

administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) The practice had a system for production of Patient Specific Directions (PSD) to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse were on the premises. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. Some of the clinical staff in the practice had no Disclosure and Barring Service checks (DBS Check); however we saw evidence that the practice had applied for the checks. The practice used long term locum GPs and performed all the required pre-employment checks.

### Monitoring risks to patients

Risks to patients were mostly assessed and well-managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. They also had identified fire marshals. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular

bacterium which can contaminate water systems in buildings). However the practice had not implemented the recommendations following the legionella risk assessment in the branch surgery.

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

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. The practice had a meeting to discuss the background to emergency situations and actions that needed to be taken including the use of instant messaging system; the practice also had a policy in place which detailed what constituted an emergency and actions that needed to be taken in an emergency.
- Some of the non-clinical staff had not received annual basic life support training; there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage and included premises and clinical risk assessments. The plan included emergency contact numbers for staff. However on the day of inspection the practice staff could not access the business continuity plan in the branch surgery.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. The GPs prepared summaries of NICE guidance on release which was sent to clinical staff and were discussed at clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97.6% of the total number of points available, with 8.6% clinical exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.) This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was in line with the Clinical Commissioning Group (CCG) and national average. For example, 79% (9.0% exception reporting) of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 72% and the national average of 78%. The number of patients who had received an annual review for diabetes was 89% which was above the CCG average of 86% and in line with the national average of 88%.

- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing agent was 100% (67% exception reporting), which was above the CCG average of 95% and national average of 93%.
- The percentage of patients with atrial fibrillation treated with anticoagulation or antiplatelet therapy was 99% (3.5% exception reporting), which was in line with the CCG average of 98% and national average of 98%.
- Performance for mental health related indicators was above the CCG and national averages; 91% (5.2% exception reporting) of patients had received an annual review compared with the CCG average of 85% and national average of 88%.
- The number of patients with dementia who had received annual reviews was 81% (7.1% exception reporting) which was below the CCG average of 85% and national average of 84%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 95% (10.5% exception reporting) compared with the CCG average of 92% and national average of 90%.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits carried out in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- For example, an audit was undertaken to ascertain if patients taking a medicine that lowers blood cholesterol and a medicine that reduces blood pressure were appropriately prescribed in combination according to best practice guidelines. In the first cycle the practice identified 21 patients who were not appropriately prescribed; these patients were reviewed and their medicines were appropriately changed. In the second cycle, after changes had been implemented, the practice identified further 10 patients who were not appropriately prescribed; these patients were also reviewed and their medicines were appropriately changed. Following this audit the practice contacted patients to ascertain reasons for medicine changes and a presentation was given to GPs and pharmacist to prevent this from happening again. A monthly search of patients taking these medicines were performed to ensure the patients were appropriately prescribed.



# Are services effective?

## (for example, treatment is effective)

- Another clinical audit was undertaken to ascertain if referrals to other services were appropriately performed. In the first cycle the practice identified 12 referrals out of 553 referrals that were inappropriate. In the second cycle, after changes had been implemented including a presentation to staff on different pathways, the practice identified further eight referrals out of 310 referrals that were inappropriate. The practice identified that some staff were not aware of correct pathways. Following this audit the practice had set up monthly meetings to discuss referrals and had a training session on pathways with clinical and administrative staff. In the third cycle the practice identified three referrals out of 296 referrals that were inappropriate; the practice identified this was a significant improvement compared to the first two cycles.
- The practice worked with the Clinical Commissioning Group (CCG) medicines management team and undertook mandatory and optional prescribing audits such as those for antibiotic prescribing.
- The practice manager prepared summaries of prescribing reports from the local Clinical Commissioning Group (CCG) and finalised by the GPs and circulated to relevant staff; these summaries included the practice performance against various prescribing indicators.

### Effective staffing

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

- The practice had a comprehensive induction programme for all newly appointed staff. It covered topics such as safeguarding, infection prevention and control, fire safety, health and safety, confidentiality and basic life support; however some of the non-clinical staff have not had annual basic life support training. The practice had scheduled a training session for these staff for September 2016. The practice had a staff handbook which detailed the practice's policies and procedures.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered

vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received mandatory update training that included: safeguarding, fire procedures, basic life support and information governance awareness; however some of the non-clinical staff had not received annual basic life support training. Staff had access to and made use of e-learning training modules and in-house training.
- The practice had a reception handbook which included the reception specific practice policies and procedures.
- The practice had weekly educational meetings for clinical staff.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had a system in place where the administrative staff read all the patient letters and divided them into letters requiring action and letters requiring no action. The letters requiring action were then sent to the GPs for action; the letters that did not require action were filed. All these letters were read coded by the administrative staff. The administrative staff also read all pathology results and filed all normal results; abnormal results were sent to the GPs for action.

Staff worked together and with other health and social care services to understand and meet the range and complexity

# Are services effective?

## (for example, treatment is effective)

of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice monthly clinical meetings involved all clinical staff where they discussed clinical issues, referrals, prescriptions and medicine management. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice also had monthly practice nurse meetings which involved practice nurses and healthcare assistants where they discussed practice nurse specific clinical issues.

### Consent to care and treatment

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

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

- We found that the consent obtained for minor surgical procedures were satisfactory; however some of the minor surgical procedures recently undertaken had no written consent forms attached with the patient's notes, although the appropriate consent had been sought.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, patients with a learning disability and those requiring advice on their diet, smoking and alcohol cessation and those with dementia. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81%, which was in line with the Clinical Commissioning Group (CCG) average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 94% to 97% and five year olds from 70% to 89%. Flu immunisation rates for diabetes patients were 100% which was above the CCG and national averages.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 28 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with 14 patients including two members of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. For example:

- 84% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average of 86%; national average of 89%).
- 82% said the GP gave them enough time (CCG average 83%, national average 87%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 89% said the last GP they spoke to was good at treating them with care and concern (CCG average 81%, national average 85%).
- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 82% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%).

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

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment with GPs. The practice was in line with average for consultations with GPs and nurses. For example:

- 84% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 84% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%).
- 87% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The practice also had a language identification card which they used to arrange for an interpreter.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% (145 patients) of the practice list as carers. We saw evidence that 47 carers were referred for support. Written information was available to direct carers to the various avenues of support available to them.

## Are services caring?

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability and those with complex long-term conditions. The practice invited a learning disability nurse from the local CCG to give relevant staff training and information regarding how best to meet the needs of patients with learning disabilities at the practice. For example, how reception staff could support them.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- Homeless people were able to register at the practice.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- Patients could electronically check in on the touchscreens available in the reception area. The reception area had screens which showed practice procedures and local support information. They also had screens which displayed and announced the name of the patient and the room number when the patients were called in for their appointment.
- The practice provided a phlebotomy service at the practice which suited older patients who may have difficulty in getting to the hospital and the service also improved monitoring of patients with long term conditions.
- The practice offered a text messaging service which reminded patients about their appointments.
- A dedicated member of administrative maintained a palliative care spreadsheet which included the care needs of these patients. The spreadsheet included all patients with cancer, dementia, advanced chronic obstructive pulmonary disease, advanced rheumatoid arthritis, motor neuron disease and chronic kidney disease. This provided an overall picture of these patients which was regularly updated in meetings and

necessary changes were made to improve the care of these patients. The practice regularly reviewed all patient deaths to ascertain if they were on care plans and if they died in their preferred place of death.

- The practice had commissioned an in-house pharmacist who assisted and supported prescribing clerks, ran regular medicines review clinics in the practice and reviewed medicines for housebound patients and assisted the GPs during ward rounds in nursing homes.
- The practice had an independent pharmacy on site which enabled the patients to collect an urgent prescription immediately after seeing a GP.
- The practice provided minor surgical procedures including cryocautery and joint injections which reduced the need for referrals to hospital.
- The practice had a dedicated phone number for all patients on the unplanned admissions register to avoid having to come through reception. The carers of these patients were also invited for the appointments regardless of whether they were registered patients of the surgery.
- The practice arranged fund raising events for various charities and in the last year they had taken part in four charity events.

### Access to the service

The practice was open between 08:00 and 6:30pm Monday to Friday. Appointments were available from 8:00am to 12:30pm and 2:00pm to 6:00pm daily. Extended hours surgeries were offered on Wednesdays from 6:30pm to 8:00pm and on Saturdays from 9:00am to 11:30pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice operated a telephone triage system where the triage doctor called all the patients who requested an appointment on the day to assess the need for an appointment; they provided telephone advice or booked them for a same day appointment where necessary.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were in line with the local and national averages in some aspects.

- 71% of patients were satisfied with the practice's opening hours (Clinical Commissioning Group (CCG) average 74%; national average of 75%).

# Are services responsive to people's needs?

## (for example, to feedback?)

- 63% patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).
- 71% patients said they always or almost always see or speak to the GP they prefer (CCG average 57%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them; however some of the patients we spoke to reported issues in getting appointments at their surgery of choice and also reported long delays in getting routine appointments. Some patients we spoke with felt that they did not always get urgent treatment in a timely way when waiting for a call back from the triage doctor.

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

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice. The practice analysed complaints received through various sources including social media, the NHS Friends and Family Test, NHS Choices, written complaints, feedback through the practice website or by an appointment with the practice manager.

We looked at 64 complaints received in the last 12 months and these were satisfactorily dealt with in a timely way. We saw evidence that the complaints had been acknowledged and responded to and letters were kept to provide a track record of correspondence for each complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient had complained about a receptionist being rude. The practice investigated this incident, apologised to the patient and discussed this incident with receptionists. Following this incident the practice had arranged for customer service training for the reception 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 had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and these were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice had leads assigned for various clinical and non-clinical areas for example prescribing, IT and Safeguarding.
- Practice specific policies were implemented and were available to all staff. They had a shared folder in their computer system containing all the practice policies which were regularly updated.
- There was a comprehensive understanding of the performance of the practice. There was evidence that benchmarking information was used routinely when monitoring practice performance.
- The practice had a monthly partners meeting with the GP partners and the practice manager where they discussed management issues and strategy.
- The practice also had a quarterly complaints and significant events meeting with the GP partners, practice manager and deputy practice manager.
- The practice had a monthly managers meeting which was attended by the practice manager, deputy practice manager, business manager and reception manager where general management issues, staff issues and health and safety were discussed.
- The practice had monthly reception meetings with the reception manager and reception staff where reception specific issues were discussed

- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear leadership structure in place and staff felt supported by management.

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and



# Are services well-led?

Good 

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

through surveys and complaints received. The practice had an active PPG with 13 members which met regularly carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had improved its telephone system, introduced text message reminders for appointments and increased its working hours in the branch surgery. The PPG also helped the practice in piloting the telephone triage system which has been

successfully implemented in the practice. The PPG is made up of a constitutional charter with aims and objectives which can act and take decisions independent from the practice.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.