

Oakwood Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Oakwood Surgery on 19 January 2016. Overall the practice is rated as good.

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

- The practice ensured that when things went wrong that these were investigated and learning was shared with staff. Risks to patients were assessed and well managed. There were systems for assessing risks including those associated with medicines, premises, equipment and infection control.
- There was a detailed business continuity plan to deal with untoward incidents that may affect the day to day running of the practice.
- Staff were recruited robustly with all of the appropriate checks carried out to determine each person's suitability and fitness to work at the practice.
 - Patients' needs were assessed and care was planned and delivered following published local and national best practice guidance. Clinical audits and reviews were carried out to make improvements to patient care and treatment.
- Staff were supported and received role specific training to meet the needs of patients and there was a system for staff appraisal.
- Patients said they were treated with compassion, dignity and respect.
- Information about services and how to complain was available and easy to understand. Complaints were investigated and responded to appropriately and apologies given to patients when things went wrong or their experienced poor care or services. Complaints were reviewed and any trend identified and monitored to improve patient satisfaction.
- Some patients said they found it difficult to access appointments and to contact the practice by telephone. The practice had reviewed its appointments system and upgraded the telephone systems to address patients comments about the lack of accessible appointments and difficulties
- 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 to make improvements to the services provided.

Summary of findings

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 were systems in place to monitor safety and to act when things went wrong. Lessons were learned and communicated with staff to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed.

There were policies, procedures and risks assessments to identify risks to patients and staff. These included safeguarding adults and children, infection prevention and control and health and safety.

Staff were recruited with all of the appropriate checks carried out including proof of identify, employment references and Disclosure and Barring Services (DBS) checks. Staff were trained and had access to appropriate policies and guidance for their roles

Medicines were managed safely. These stored appropriately and checks were carried out to ensure that medicines were in date and available as required.

The practice had appropriate premises and equipment and these were well maintained to help keep patients and staff safe.

Good



Are services effective?

The practice is rated as good for providing effective services.

Data showed patient outcomes were at or above average for the locality for the management of the majority of long term conditions and disease management such as heart disease dementia and diabetes. Where areas for improvements were identified the practice acted promptly to address these. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) local and national initiatives and used it routinely.

- Patients' needs were assessed and care was planned and delivered in line with current legislation and guidance.
- Reviews were carried out to monitor and review treatment for patients with long term conditions.
- The practice worked proactively with other health and social care professionals to ensure that patients received coordinated care and treatment.
- A system of audits and reviews were in place to monitor and improve outcomes for patients.

Good



Summary of findings

- Staff were supported and received training relevant to their roles and the needs of patients.

Are services caring?

The practice is rated as good for providing caring services. The results from the national GP patient survey published on 7 January 2016 showed that patients generally satisfied with how staff at the practice treated them and the practice performance was similar to other GP practices both locally and nationally for several aspects of care. Where areas for improvement were identified the practice had acted on these to improve patients' experience.

Patients who completed comment cards and those we spoke with during the inspection also told us that staff at the practice were respectful and caring. Patients said they were treated kindly with dignity and respect. Patients' privacy was maintained during consultations and treatment and information in respect of patients was treated confidentially. The practice had a dedicated room where patients could speak in private should they wish to.

Patients told us that they received information about their treatment in a way which they could understand and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. The practice recognised the needs of patients who were carers and provided support and information about the range of agencies and organisations available.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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.

Appointment times and availability were flexible to meet the needs of patients. Same and next day appointments were available. Home visits and telephone consultations were provided as needed. The practice had responded to patients comments about access to appointments and getting through to the surgery on the telephone. They had upgraded the telephone system and amended the appointments system to offer more same day appointments.

The practice had good facilities and was well equipped to treat patients and meet their needs. Accessible toilets and baby changing facilities were available.

Information about how to complain was available and easy to understand and evidence showed that the practice responded

Good



Summary of findings

quickly to issues raised. The practice offered apologies to patients when things went wrong or the service they received failed to meet their expectations. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy to provide personalised high quality care for all its patients. Patients had access to GPs throughout the day via face to face appointments or for advice and telephone consultations. The strategy included planning for the future. Staff were clear about the vision and their responsibilities in relation to this. Information about the practice was available to staff and patients.

There was a clear leadership structure within the practice and staff felt supported by management. The practice had a number of policies and procedures to govern activity and these were regularly reviewed and updated so that they reflected current legislation and guidance. There were systems in place to monitor and improve quality and identify risk.

The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and met with practice staff six times each year to discuss any issues and how these could be improved upon. The patient participation group was working proactively to attract new members. Staff told us that they felt supported and that they could raise comments and suggestions, which were acted upon.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

The practice offered proactive, personalised care to meet the needs of older people, including:

- Monthly meetings with other health care professionals to reduce unplanned hospital admissions.
- A range of appointments were available including telephone consultations and home visits.
- Home visits for phlebotomy was provided as needed.
- Patients who were over 75 years had a named GP who was responsible for coordinating their care.
- A range of health promotion and screening services were available including flu and shingles vaccinations and cancer screening.
- Patients were referred as needed to a local befriending service
- Dementia screening and referral to specialist services were available where appropriate.
- The practice offered an 'open door' service to carers, friends and relatives for advice and support.

The patient participation group contributed information to a local community newsletter to provide information to the local community about the practice and local support groups.

Good



People with long term conditions

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

The practice offered proactive, personalised care to meet the needs of people with long term conditions, including:

- Extended opening and evening appointments were available three evenings each week.
- Patients with long term conditions had specific care plans to coordinate their care and treatment.
- Appointments and reviews were carried out for patients who lived in local care homes and these were co-ordinated to include carers where possible.
- Proactive health promotion and health screening including smoking cessation, information and advice around alcohol consumption, diet and lifestyle.

Good



Summary of findings

- Collaborative working with other health care professionals to coordinate care and treatment.
- GPs and nursing staff had lead roles in chronic disease management and provided a range of clinics including asthma, diabetes and chronic obstructive pulmonary disease (COPD). The practice performance for the management of these long term conditions was similar to or higher than other GP practices nationally.
- The practice had a dedicated member of staff to coordinate reviews for the management of long term conditions and work was being done to streamline reviews so as to minimise the number of visits for patients with one or more long term condition.

Families, children and young people

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

The practice offered proactive, personalised care to meet the needs of people with long term conditions, including:

- Collaborative working with health visitors and the local safeguarding team to monitor the care and welfare for children.
- There were twice weekly ante-natal clinics available led by a community midwife.
- Staff undertook appropriate training including safeguarding and domestic abuse awareness.
- Urgent same day appointments were available for children.
- A full range of infant and childhood immunisations were available.
- Appropriate referrals were made to Children and Adolescent Mental Health Services (CAMHS).
- On site clinics for teenagers run by an external organisation and supported by the practice nurse to offer advice on sexual health and contraception.

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 practice offered proactive, personalised care to meet the needs of working-age people (including those recently retired and students), including:

- Access to extended evenings appointments three days per week.

Good



Summary of findings

- Flexible appointments and telephone consultations that could be booked in person, by telephone and online.
- Same day appointments for urgent requirements.
- Longer appointments provided as needed.
- A range of in-house services including counselling, phlebotomy and ECG.
- Proactive promotion for NHS Health Check Screening and cancer screening including breast and bowel screening.

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 offered proactive, personalised care to meet the needs of people whose circumstances may make them vulnerable, including:

- Staff undertook training in safeguarding vulnerable people and equality and diversity.
- The practice worked with the local social services, probation services and drug & alcohol services to help support patients according to their individual circumstances.
- Patients with no permanent address and homeless people were able to register at the practice.
- The practice organised a food bank voucher scheme for vulnerable patients.
- Patients were signposted to a local befriending service as needed.

Good



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 practice offered proactive, personalised care to meet the needs of people experiencing poor mental health (including people with dementia), including:

- Structured appointments for mental health checks and learning disability health checks.
- Depression screening and referral for specialist treatment where required.
- A walk-in minor injuries clinic.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

- It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing in line with local and national averages. There were 123 responses from 275 surveys sent out which represented 45% of the patients who were selected to participate in the survey.

The survey showed that patient satisfaction was as follows:

- 37% found the receptionists at this surgery helpful compared with a CCG average of 68% and a national average of 73%.
- 43% found it easy to get through to this surgery by phone compared with a CCG average and a national average of 73%.
- 81% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83% and a national average of 85%.
- 90% said the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 66% described their experience of making an appointment as good compared with a CCG average of 71% and national average of 73%.
- 50% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.

- 52% felt they did not normally have to wait too long to be seen compared with a CCG average of 60% and a national average of 58%.
- 51% of patients would recommend the practice to someone new compared with a CCG average of 75% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards all of which were positive about the standard of care received and staff helpfulness and attitude. Patients who completed comment cards told us that GPs and nurses were professional and they made referrals to appropriate services promptly when needed. They also commented on the helpfulness and attitude of reception staff.

We also spoke with nine patients on the day of the inspection. Patients commented positively about the practice saying that they were very happy with the treatment that they received. Patients said that they could get appointments that suited them, usually on the same day when needed and told us that access to appointments had improved in recent months. Patients also spoke very positively about the GPs and nurses. They told us that staff were professional and knowledgeable.

Patients told us that GPs and nurses listened to them and spent time explaining tests and treatments in a way that they understood. We received two negative comments, one in relation to accessing urgent on the day appointments and one about the attitude and helpfulness of reception staff.

Oakwood Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Background to Oakwood Surgery

Oakwood Surgery is located in a purpose built medical centre the town of Mansfield Wood in Nottinghamshire. The practice provides services for 13808 patients.

The practice holds a Personal Medical Services (PMS) contract and provides GP services commissioned by NHS England and Mansfield and Ashfield Clinical Commissioning Group. A PMS contract is one between GPs and NHS England and the practice where elements of the contract such as opening times are negotiated locally between the practice and the commissioning team .

The practice population is slightly lower the national average for younger people and children under four years, and for those of working age and those recently retired, and slightly higher for older people aged over 65 years. Economic deprivation levels affecting children, older people are higher than the practice average across England and slightly lower than the local CCG area. Life expectancy for men and women are similar to the national averages. The practice patient list compares similarly to the national average for long standing health conditions. It is similar to the national averages for working aged people in employment or full time education and the number of working age people that are unemployed.

The practice is managed by seven GP partners who hold financial and managerial responsibility. In total six male and one female GP work at the practice. One of the GP partners is the Registered Manager. A Registered Manager is

a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run. The practice employs three practice nurses and three healthcare assistants. In addition the practice employs a management team including a practice manager a quality supervisor and a team of receptionists, clinical coders and administration staff.

The practice is a fully accredited Training practice. This means that the practice has a GP Registrar who is a fully qualified doctor who is undertaking GP training in the practice.

The practice is open between 8am and 6.30pm on weekdays. GP and nurse appointments and / or telephone consultations are available between 8.30am to 5.30pm daily. The practice offers late evening appointments up to 7pm on Monday, Tuesday and Thursdays evenings. Appointments may be booked in advance or on the day for urgent issues.

The practice has opted out of providing GP out of hour's services. Unscheduled urgent care out-of-hours care is provided by North Nottinghamshire out of hours (CNCS) and patients who contact the surgery outside of opening hours are provided with information on how to contact the service.

Why we carried out this inspection

We inspected Oakwood Surgery as part of our comprehensive inspection programme We carried out a comprehensive inspection of this service under Section 60

Detailed findings

of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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?

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 whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 January 2016. During our visit we spoke with a range of staff including the GPs, nurses, practice management and reception / administrative staff. We also spoke with ten patients who used the service. We observed how people were being cared for and talked with carers and family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We reviewed a number of documents including patient records and policies and procedures in relation to the management of the practice.

Are services safe?

Our findings

Safe track record and learning

The practice referred to and used a range of published safety information including National Institute for Health and Care Excellence (NICE) and the General Medical Council (GMC) guidance to monitor and improve safety systems within the practice. Information was reviewed by GPs and this regularly resulted in audits to ensure that patients were treated safely and in line with current guidance.

There were systems in place for the receipt and sharing of safety alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA). These alerts have 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 in certain patients where potential side effects or risks are indicated. We saw that alerts were received by the practice who reviewed and shared these with the staff team and acted upon appropriately. We saw that patients' medicines were reviewed and changed where indicated. Alerts were kept and accessible to staff to refer to as needed.

The practice had robust systems in place for investigating and learning from when things went wrong and all staff we spoke with were aware of these procedures and the reporting forms. Staff we spoke with told us the practice had an open and transparent approach to dealing with significant safety events. We looked at reports for the analysis of safety related events and saw that these were investigated fully and that learning was shared with all relevant staff. These events were reviewed at clinical and practice meetings to ensure that learning was bedded into practice. Safety incidents and near misses were routinely reported and analysed to help reduce the risks of recurrences and to improve safety for patients.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse. The practice had identified GP leads to oversee safeguarding for adults and children.

Regular multidisciplinary meetings were held where information was shared as appropriate with other professionals including health visitors. The practice electronic records system was set up to alert staff when those patients who were identified as vulnerable attended or failed to attend appointments so that appropriate action could be taken.

- Staff had undertaken role specific safeguarding training and had access to appropriate policies and procedures which reflected relevant legislation and referred to the local safeguarding team reporting systems. Staff we spoke with were able to demonstrate that they understood their roles and responsibilities for keeping patients safe.
- The practice had procedures in place for providing chaperones during examinations and information was displayed in the waiting area and consultation rooms. Chaperone duties were carried out by nursing and in some instances reception staff. Records showed that all staff who undertook chaperone duties had received appropriate training and a disclosure and barring check (DBS). (These 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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available, which was kept under regular review and available to all staff. All staff had health and safety awareness training. All electrical equipment was checked to ensure that it was safe to use. Clinical and diagnostic equipment was checked and calibrated to ensure it was working properly. The practice had a risk assessment in place in relation to the control of substances hazardous to health (COSHH) such as cleaning materials.
- An external assessment had been conducted to identify risks in relation to legionella.
- The risk of fire had been assessed and there was appropriate fire safety equipment including extinguishers located throughout the practice. Staff had undertaken fire safety training and were aware of the procedures for dealing with fire and the practice evacuation procedure. Fire exits were clearly signposted and a fire evacuation procedure was displayed in various areas.

Are services safe?

- The practice had suitable policies and procedures in place for infection prevention and control. We observed the premises to be visibly clean and tidy. One practice nurse was the infection control clinical lead and they took responsibility for overseeing infection control procedures within the practice. There were cleaning schedules in place and regular infection control audits had been carried out. All waste matter including clinical waste was stored and disposed of in line with current waste regulations.
- Staff received infection control training that was specific to their roles and responsibilities within the practice. All staff had access to personal protective equipment such as gloves and aprons and undergone screening for Hepatitis B vaccination and immunity. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.
- The practice had arrangements for the safe management of medicines, including emergency drugs and vaccinations. Medicines were stored securely and only accessible to relevant staff. Prescription pads were securely stored and there were systems in place to monitor their use. Medicines we saw were in date and staff told us that they checked these regularly. Records in respect of these checks were recorded. Nurses had access and referred to appropriate directives for the safe administration of vaccines.
- Fridge temperatures were monitored consistently and recorded to ensure that they remained within the acceptable ranges for medicines storage. We saw that the maximum, minimum and actual temperatures reached were recorded over each 24 hour period to ensure that the appropriate temperatures was maintained.
- The practice had policies and procedures for employing clinical and non-clinical staff. We reviewed five staff files including those for one nurse, reception staff and one GP. We found that the recruitment procedures were

followed. Evidence that the appropriate recruitment checks including proof of identification, references, qualifications, registration with the appropriate professional body where appropriate were recorded within staff files. Disclosure and Barring Service checks had been undertaken prior to employment for all staff.

- New staff undertook a period of induction which was tailored to their roles and responsibilities. This included training and an opportunity for new staff to familiarise themselves with the practice policies and procedures.
- Arrangements were in place for planning and monitoring the number and skill 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. Staff we spoke with told us that there were always enough staff cover available for the safe running of the practice and to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

There were policies in place for dealing with medical emergencies such as cardiac arrest, epileptic seizures or anaphylaxis (severe allergic reaction). All staff received annual basic life support and anaphylaxis training and those we spoke with including the receptionists were able to describe how they would act in the event of a medical emergency. The recommended emergency medicines and equipment including oxygen and an automated external defibrillator (AED) were available and accessible to staff. Medicines and equipment were checked regularly to ensure that they were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage which could affect the day to day running of the practice. The plan included staff roles and responsibilities in the event of such incidents and emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice used a range of published current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines to refer to when assessing and treating patients. The practice had systems in place to ensure all clinical staff were kept up to date with changes in local and national guidelines. We spoke with three GPs and they demonstrated a good knowledge of current guidance and best practice and that they used these routinely. GPs discussed patients' needs during daily informal meetings and scheduled monthly clinical meetings to ensure that there was consistency in the approach to patient care and treatment.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Data from 2014/15 showed;

Performance for the treatment and management of diabetes was as follows:

- The percentage of patients with diabetes whose blood sugar levels were managed within acceptable limits was 70% compared to the national average of 77%.
- The percentage of patients with diabetes whose blood pressure readings were within acceptable limits was 72% compared to the national average of 78%
- The percentage of patients with diabetes whose blood cholesterol level was within acceptable limits was 78% compared to the national average of 81%
- The percentage of patients with diabetes who had foot examination and a risk classification within the preceding 12 months was 86% compared to the national average of 88%.

These checks help to ensure that patients' diabetes is well managed and that conditions associated with diabetes such as heart disease are identified and minimised where possible.

The practice performance for the treatment of patients with hypertension (high blood pressure) was:

- The percentage of patients whose blood pressure was managed within acceptable limits was 82% compared to the national average of 83%.

The practice performance for treating patients with heart conditions who were at risk of strokes with appropriate medicines was:

- The percentage of patients heart conditions who were at risk of strokes and who were treated with appropriate medicines was 92% compared to the national average of 98%.

The practice performance for monitoring and treating patients with a respiratory illness was:

- The percentage of patients with asthma who had a review within the previous 12 months was 68% compared to the national average of 75%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who has an assessment of breathlessness using the Medical Research Council scale was 66% compared with the national average of 90%.

The practice had reviewed its performance and had made improvements in the way that patients who failed to attend appointments were followed up. The practice was also carried out reviews opportunistically when patients attended the practice for other appointments.

The practice performance for assessing and monitoring the physical health needs for patients with a mental health condition were similar to GP practices nationally. For example:

- 96% of patents with a mental health disorder had a record of their alcohol consumption compared to the national average of 90%.
- 97% of patients who were diagnosed with dementia had a face to face review within the previous 12 months, compared to the national average of 84%.

The practice exception reporting was in line with GP practices nationally and locally. Exception reporting is a

Are services effective?

(for example, treatment is effective)

process whereby practices can exempt patients from QOF in instances such as where despite recalls patients fail to attend reviews or where treatments may be unsuitable for some patients.

The practice used clinical audits to monitor and make changes to patient care and treatment as part of its quality monitoring and improvement. Clinical audits were carried out routinely and all relevant staff were involved to improve care and treatment and people's outcomes. We looked at a sample of completed audits which had been completed within the previous 2 years.

One ongoing audit reviewed patients with recurrent gout (a type of arthritis) who were treated with Allopurinol (a medicine used to prevent episodes of gout) had regular blood tests and that their blood plasma urate levels were within normal limits to ensure that treatment was effective and adverse side effects were minimised. The first cycle of the audit was carried out in 2009 identified that 24% of the 177 patients had a blood test within the previous year and of these 46% had blood results within the acceptable limits. The findings were shared with all GPs and regular audit cycles were carried out. The results of the most recent audit cycle which was carried out in August 2015 showed that 48% of patients had a blood test and 69% had blood urate levels within acceptable levels.

Medicine reviews were carried out every six months or more frequently where required. The practice had introduced a system to aim to carry out medicine reviews at the same time as health checks for long term conditions where possible to reduce the number of appointments patients needed to attend and to effectively use available resources. The practice performance for prescribing medicines such as non-steroidal anti-inflammatory medicines, antibiotics and sleeping tablets and antidepressants was in line with or better than other practices nationally. The practice had been identified as one of the best within the local CCG area for its low prescribing for benzodiazepine medicines (such as medicines prescribed for treating depression).

Effective staffing

Staff were trained and supported so that they had the skills, knowledge and experience to deliver effective care and treatment.

The practice had an induction programme for newly appointed members of staff. This covered such topics as

safeguarding, fire safety, health and safety and confidentiality and helped new staff to familiarise themselves with the practice policies and procedures. We saw that all new non-clinical members of staff undertook a period of 'shadowing' experienced staff so as to help familiarise themselves with the practice policies and procedures.

- Staff we spoke with told us that they had access to appropriate training to meet the needs of the practice and their individual roles and responsibilities. This included ongoing support, one-to-one meetings, appraisals, coaching and mentoring. All staff had protected time for learning and development. The practice had an ongoing training programme for all staff which included face-to-face and e-learning training. Staff training was monitored to ensure that staff had access to updates. We looked at the staff training record and saw that appropriate role specific training was provided for all staff which included infection control, fire safety, equality and diversity, dementia awareness, safeguarding, equality and diversity and moving and handling.
- Nursing staff were trained to carry out assessments and deliver patient screening and treatment programmes including immunisations, vaccinations and cervical screening. Nurses had undertaken training in areas and had specialist interests in areas including diabetes, coronary heart disease and respiratory conditions such as asthma.
- Nursing and GP staff had ongoing clinical supervision. Nurses working at the practice had effective current Nursing and Midwifery Council (NMC) registration. All GPs had or were preparing for their revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). We saw that the GPs and nurses undertook refresher training courses to keep their continuous professional development up to date and to ensure that their practice was in line with best practice and current guidance.
- GPs working at the practice had undertaken specific training in areas of specialist interest including

Are services effective?

(for example, treatment is effective)

cardiology, mental health, child health, dermatology, minor surgery and women's health. They also participated in local clinical peer reviews to help monitor and improve their practice.

- There was a system for appraisal and review of staff performance from which learning and development needs were identified and planned for.
- Oakwood Surgery is an accredited training practice and employs / supports registrars (GP registrars are qualified doctors who are undertaking GPs training). Three GPs working in the practice are GP trainers. We saw that GP registrars were supported and appropriate provided with appropriate clinical supervision.

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 the practice computerised system.

Information in relation to patient care and treatment was reviewed and acted upon in a timely way. This included reviewing hospital discharge letters, test results and making amendments to patient's treatment as indicated.

We saw that appropriate care plans and templates were used to assess, plan and review the treatment for patients with long term conditions including diabetes, asthma and heart failure. This helped to ensure appropriate information was accessible and that treatment was planned and delivered in a consistent way in line with current guidelines.

Information was shared with relevant members of the practice team through a range of meetings including:

- Monthly GP partner meetings
- Monthly nurse meetings
- Weekly administrative staff meetings,
- Minutes from these meetings were available for staff where they were unable to attend.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital.

We saw evidence that multi-disciplinary team meetings took place including:

- Monthly multidisciplinary team meetings
- Palliative care meetings.
- Bi-monthly unplanned admissions avoidance meetings.

We were invited to observe a multidisciplinary meeting. We saw that the team discussed, reviewed and planned appropriate care and support for the patients who were most at risk of unplanned hospital admissions. These included patients with multiple long term conditions, older people, those with complex conditions and those whose social circumstances made them vulnerable. We saw that the team worked collaboratively to ensure that patients received coordinated care and support to meet their needs.

Data showed that between December 2014 and November 2015 the practice performed better than other GP practices within the local CCG area for the low number of unplanned hospital admissions.

Consent to care and treatment

The practice had procedures for obtaining patient consent to treatment and these were in line with legislation and guidance including the Mental Capacity Act 2005 and Gillick competence. Staff we spoke with could demonstrate that they understood and followed these procedures. We saw that written consent was obtained before GPs carried out treatments such joint injections. Written consent forms were scanned and stored in the patients' electronic records. Where verbal consent was obtained for treatments and procedures that this was recorded correctly within the patients' medical record Patients we spoke with said that they were provided with detailed information about the procedures including intended benefits and potential side effects.

Health promotion and prevention

The practice was proactive in promoting patients' health and disease prevention. The practice had systems in place for identifying 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 and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice promoted national screening programmes. The practice's uptake for the cervical screening programme for 2014/15 was 79%, compared to the national average of 82%. There was a policy to offer telephone reminders for

Are services effective?

(for example, treatment is effective)

patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national programmes for bowel and breast cancer screening:

- The percentage of female patients aged between 50 and 70 years who had been screened for breast cancer was within the previous 3 years was 81% compared to the local CCG average of 77% compared with national average of 72%.
- The percentage of patients aged between 60 and 69 years who were screened for bowel cancer was the 60% compared to the local CCG average of 59% and the national average at 58%.

Childhood immunisation rates for the vaccinations given and flu vaccines for older people and at risk groups of patients who were under 65 years were:

- The percentage of infant Meningitis C immunisation vaccinations and boosters given to under two year olds was 96% compared to the CCG percentage of 94%.
- The percentage of childhood Mumps Measles and Rubella vaccination (MMR) given to under two year olds was 96% compared to the CCG percentage of 94%.

- The percentage of childhood Meningitis C vaccinations given to under five year olds was 94% compared to the CCG percentage of 93%.
- Flu vaccination rates for patients over 65 years was 76%, compared to national average of 73%. Seasonal flu vaccination rates for patients under 65 years with a clinical risk factor was 47% compared to the national average of 50%.

We spoke with GPs and they told us that there were systems for actively following up on patients when they failed to attend for appointments for health checks, screening and immunisations. They also worked proactively to offer opportunistic screening when patients attended the practice for other appointments.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74 years. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with demonstrated that they understood and followed the practice policies for treating patients with dignity and respect. Those staff we spoke with demonstrated compassion and empathy for patients and told us that they aimed to provide a caring service that met the needs of all patients.

The practice had suitable procedures in place for handling, storing and sharing patient information so as to maintain confidentiality and all staff we spoke with demonstrated that they understood and adhered to these procedures.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All of the nine patient CQC comment cards we received were positive about the service they received. Patients said they were happy how they were treated by GPs and nurses. They said that all staff were helpful and courteous. They also commented that GPs and nurses were caring and that they took time to listen to them and to explain tests and treatments.

We spoke with nine patients on the day of the inspection. Each of these patients told us that they were treated with dignity and respect. They said that staff were caring and maintained their privacy.

Results from the national GP patient survey, which was published on 7 January 2016 showed that:

- 84% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 76% said the GP gave them enough time compared to the CCG average of 86% and compared to the national average of 89%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%

- 75% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 37% patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average of 73%.

These results were in contrast to the comments made by patients we spoke with and those who completed comment cards. We reviewed the practice results from the NHS Friends and Family Test and this showed that 75% of patients were either extremely likely or likely to recommend the practice to friends and family and 19% were either extremely unlikely or unlikely. The practice demonstrated that they had considered the views of patients. The results were discussed at practice meetings and reception staff had customer care training.

The practice identified patients who may require extra assistance and provided support including:

- Signposting to Jigsaw, the local befriending service.
- The practice organised a food bank voucher scheme for vulnerable patients.

Care planning and involvement in decisions about care and treatment

Each of the nine patients we spoke with told us that they were happy with how the GPs and nurses explained their health conditions and treatments. Patients said that they felt listened to and that clinical staff answered any questions they had in relation to their treatment. They also told us they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the nine comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey, which was published on 7 January 2016, showed that:

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.

Are services caring?

- 72% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 82%.

The practice demonstrated that they had considered these comments and patients' experiences and these were discussed at practice meetings. Patients we spoke with and those who completed comment cards said that the GPs and nurses were good at listening, explaining treatments and involving them in making decisions about their care.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

The practice had procedures in place for supporting patients and carers to cope emotionally with care and

treatment. There were notices in the patient waiting room advising how they could access a number of support groups and organisations including counselling services, advice on alcohol and substance dependency, cancer support and bereavement services.

The practice identified patients who were also a carer. There was a practice register of all people who were carers. This information was used on the practice's computer system to alert GPs when the patient attended appointments. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us the practice had a protocol for supporting families who had suffered bereavement. GPs told us that they following bereavement, families were sent a letter of condolence and an appointment or a home visit if needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups and the increase in demand for services to help provide ensure flexibility, choice and continuity of care. For example;

- The practice aimed to meet the needs of its patient population and offered flexibility in appointments and offered pre-bookable and same day appointments where possible. The appointments system was regularly reviewed to help ensure that it met the needs of patients.
- Home phlebotomy checks were available as needed.
- There were longer appointments available for patients including those with dementia or a learning disability or those who needed extra support.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available each day for children and those with serious medical conditions.
- The practice had introduced a dedicated patient liaison team to coordinate and manage the monitoring of patients with one or more long term condition. Part of the role of this team was to coordinate patient reviews so that where possible these could be managed in one appointment rather than several appointments to manage different long term conditions. The practice planned to introduce a system of annual health reviews to coincide with patients' birthdays to help act as reminder to patients to attend. This system was being monitored to determine its effectiveness.
- The practice reviewed comments, complaints and the results from patient surveys and adapted the appointments system to take these into account.
- Accessible facilities including adapted toilet facilities and baby changing facilities were available.

Access to the service

The practice was open between 8am and 6.30pm on weekdays. GP and nurse appointments and / or telephone consultations were available between 8.30am to 5.30pm

daily. The practice offered late evening appointments up to 7pm on Monday, Tuesday and Thursdays evenings. Appointments could be booked up to four weeks in advance or on the day for urgent issues.

Results from the national GP patient survey, which was published on 7 January 2016 showed that:

- 66% of patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 50% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64% and national average of 65%.
- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 75%.
- 37% patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average of 73%.

We saw that the practice had reviewed these results and had introduced improvements. The telephone system had been upgraded and additional reception staff had been employed to improve access to patients particularly at peak times including mornings. The practice regularly reviewed its appointments system and a range of pre-bookable and on the day appointments were available. Pre-booked appointments were available from 7am each weekday. The practice offered access to appointments which could be booked in person, by telephone or online up to four weeks in advance. Urgent same day appointments were available each day and the practice operated a duty GP system and offered emergency appointments throughout the day. The practice had a GP telephone triage system to help assess patients' needs and provide a telephone consultation and advice or a face to face appointment needed.

Listening and learning from concerns and complaints

The practice had a 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.

Information advising patients how they could raise complaints or concerns was available within the practice

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

and on their website. A comments and suggestions box was available in the patient waiting area. Patients we spoke with told us that they knew how to complain and who to speak with if they were unhappy.

The practice logged and addressed all complaints whether received verbally or in writing. We looked at a summary of the complaints received within the previous twelve months and saw that these had been acknowledged, investigated and responded to within the complaints procedure timeline.

We saw that a suitable apology was given to patients when things went wrong or their experience fell short of what they expected. The complaint response included details of actions taken as a result of the issues or concerns raised and also advised patients how they could escalate their concerns if they remained dissatisfied with the outcome or how their complaint had been handled. We saw that complaints were discussed at the various practice meetings. Staff who we spoke with said that learning from complaints was shared and any improvements arising from these were actioned and embedded into practice.

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 and ethos, which was described in their Statement of Purpose. The ethos within the practice was to place our patients at the centre of all they do, by being compassionate and caring and working efficiently and accurately.

The strategy included planning for the future. Staff were clear about the vision and their responsibilities in relation to this. Information about the practice was available to staff and patients.

Governance arrangements

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

- There was a clear staffing structure and accountability. Staff were supported and trained to fulfil their roles and responsibilities within the practice team.
- The GP and nurses had lead roles and special interests in a number of long term conditions and health promotion to improve treatments and outcomes for patients.
- Practice specific policies and procedures were available to all staff. These policies were regularly reviewed and amended so that reflected any changes in legislation and guidance.
- The quality of services provided was monitored and improved where required through a system of clinical audits, reviews and benchmarking against local CCG performance criteria.
- Risks to patients and staff were identified and managed through systems of monitoring and learning from when things went wrong.

Leadership, openness and transparency

GPs and staff we spoke with demonstrated that the practice encouraged a culture of openness and honesty. There were clear lines of responsibility and accountability and staff were aware of these. Staff were aware of the Duty of Candour and demonstrated that they were open and

honest when things went wrong. They said that they were well supported and they felt able to speak openly and raise issues as needed. They told us that GPs were approachable and caring.

A range of clinical and non-clinical practice meetings were held on a regular basis during which staff could raise issues and discuss ways in which the service could be improved. Complaints and any other issues arising were discussed and actions planned to address these during the practice meetings.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through surveys and informal comments they received. There was an active Patient Participation Group (PPG) which met on a regular basis. Representatives from the PPG told us that the practice listened and acted on their suggestions for how services could be improved.

The practice actively encouraged patients to participate in the NHS Friends and Family Test and monitored these results. We saw that 75% of patients who completed this survey were either extremely likely or likely to recommend the practice to their friends and family.

We saw that the practice had an open culture where patients could make comments and suggestions and that these were acted upon to improve their experiences of using the service. We saw that the practice had reviewed and acted on the results of the 2014/15 national GP patient survey. They had reviewed the appointments system and amended this to provide more on the day appointments. It had also upgraded the telephone system and employed more reception staff to deal with calls at busier periods. We saw that they practice monitored these improvements to ensure that they were effective.

The practice had also gathered feedback from staff through staff meetings and discussions. Staff told us they were encouraged to give feedback and discuss any concerns or issues with colleagues and management. They also told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

Are services well-led?

Good 

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

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- The staff team were actively encouraged and supported with their personal development. This included the effective use of protected learning times and access to online training materials.

- The practice monitored and audited the service they provided and planned ahead to ensure continuity and further development of the services it provided.
- The practice performed better than other GP practices locally for prescribing benzodiazepine medicines and for the reduction in unplanned hospital admissions.