

# Woodlands Surgery

## Quality Report

Woodlands Surgery  
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Website: [www.woodlands-surgery.co.uk](http://www.woodlands-surgery.co.uk)

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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# 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 Woodlands Surgery on 11 October 2016. Overall the practice is rated as requires improvement.

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The GPs ran personal lists which gave continuity of care and provided clear responsibility for patient care and treatment.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events although we noted that the learning was not always shared widely enough to support improvement.
- Risks to patients were assessed and managed with the exception of recruitment checks, the implementation and monitoring of actions identified by risk assessments, equipment available on site to deal with medical emergencies and practice policies.
- Information about services and how to complain was available and easy to understand, although we noted that it was not easily accessible to patients. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with the GP of their choice and there was continuity of care, with urgent appointments available the same day.
- 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.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure that oxygen is available to deal with medical emergencies.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure that all practice specific policies and procedures are in place and up to date.
- Ensure that all complaints and safety incidents are investigated thoroughly and that learning is shared appropriately to support improvement.
- Ensure that clear actions plans are put in place and implemented as identified. For example infection control and legionella risk assessments.

The areas where the provider should make improvement are:

- Consider how the nursing team could be integrated into the clinical team, for example regular attendance at clinical meetings.
- Review and increase uptake for cervical screening.
- Continue to monitor and improve telephone access to the practice.
- Review practice website to ensure that information for patients is up to date.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services.

**Requires improvement**



- There was a system in place for reporting significant events and staff understood their responsibilities to raise concerns, and to report incidents. However, when things went wrong lessons learned were not always communicated widely enough to support improvement.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However we noted that not all practice policies were easily accessible or up to date.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example; recruitment checks were not always complete, there were not clear plans in place to implement and monitor actions identified by risk assessments.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average 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 other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

# Summary of findings

- 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.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

**Good**



- Practice staff 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. For example; the practice carried out audits with the CCG medicines optimisation team to improve prescribing safety.
- Patients said they found it easy to make an appointment with a GP of their choice and there was continuity of care, with appointments available the same day.
- 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.

## Are services well-led?

The practice is rated as requires improvement for being well-led.

**Requires improvement**



- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. However we noted that the nursing team was not fully integrated into the clinical team, for example they did not attend clinical meetings. The practice had a number of policies and procedures to govern activity and held regular governance meetings although we noted that some policies were not easily accessible and some contained out of date information.
- There was a governance framework which supported the delivery of the strategy and good quality care.
- 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 acted on feedback from staff and patients.

# 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 provider was rated as requires improvement for providing safe and well-led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for providing safe and well-led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the clinical commissioning group (CCG) and national averages. For example, 80% of patients with diabetes, on the register, last blood glucose level was 64 mmol/mol or less in the preceding 12 months compared to the CCG average of 80% and the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



### Families, children and young people

The provider was rated as requires improvement for providing safe and well-led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

**Requires improvement**



# Summary of findings

- 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 accident and emergency attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- The practice's uptake for the cervical screening programme was 69%, which was below the clinical commissioning group (CCG) average of 80% and the national average of 81%.

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

The provider was rated as requires improvement for providing safe and well-led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.

**Requires improvement**



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

The provider was rated as requires improvement for providing safe and well-led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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

**Requires improvement**



# Summary of findings

information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. There was an adult safeguarding policy, however this was not always easily accessible.

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

The provider was rated as requires improvement for providing safe and well-led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the clinical commissioning group (CCG) average of 84% and the national average of 84%.
- 94% of patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months which was comparable to the CCG average of 89% and the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement





# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Of the 262 survey forms distributed, 111 were returned. This represented 1% of the practice's patient list.

- 66% of patients who responded found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 75% and the national average of 73%.
- 87% of patients who responded were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and the national average of 85%.

- 90% of patients who responded described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.
- 86% of patients who responded said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 81% and the national average of 78%.

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

# Woodlands Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a second CQC inspector.

## Background to Woodlands Surgery

Woodlands Surgery is based in a converted residential property in Redhill. The practice has a General Medical Services (GMS) contract with NHS England. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS East Surrey Clinical Commissioning Group (CCG).

At the time of our inspection there were approximately 11,200 patients on the practice list. The practice has a higher than average number of patients aged from birth to nine years, 30 to 49 years and a slightly lower than average number of patients from 15 to 25 years and over 55 years. The practice also has a lower than average number of patients with long standing health conditions. Deprivation amongst children and older people is low when compared to the population nationally and comparable with the CCG. Overall the practice is in the second least deprived decile nationally. The practice provides GP services to one large nursing home and several small residential communities for patients experiencing poor mental health.

The practice has three GP partners, one full time salaried GP and two part time salaried GPs (three male and three

female). They are supported by two practice nurses, three healthcare assistants, a practice manager, an assistant practice manager and a team of ten administration and reception staff.

The practice is open between 8.30am and 6.30pm from Monday to Friday and offers extended hours appointments on Saturday mornings between 8:50am and 11am. When the practice is closed patients are advised to call NHS 111 where they will be given advice or directed to the most appropriate service for their medical needs.

The service is provided from the following location:

Woodlands Surgery

5 Woodlands Road

Redhill

Surrey

RH1 6EY

## Why we carried out this inspection

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

# Detailed findings

## 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 11 October 2016. During our visit we:

- Spoke with a range of staff (including GPs, a healthcare assistant, the practice manager and other administration/reception staff) and spoke with patients who used the service.
- 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 a 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Although we noted that recording could be improved and some staff we spoke with told us that they were not aware of the outcome of significant events they had been involved in. We saw evidence that in some cases lessons were shared and action was taken to improve safety in the practice. For example, an elderly patient was experiencing stroke like symptoms which went away after hospital admission but symptoms appeared again once the patient returned home. The GP made a home visit and while there found the incorrect medicines had been provided by the dispensing pharmacy. The pharmacy was involved in the significant event analysis and learning was shared.

### 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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The practice was

unable to provide us with an adult safeguarding policy. The records of children and vulnerable adults who were involved in safeguarding were flagged to alert staff but their family members were not. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, nurses were trained to level two and non-clinical staff to level one.

- A notice in the waiting room 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 (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses 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. Annual infection control audits were undertaken but there were not clear plans in place to ensure that any actions identified were completed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this

## Are services safe?

extended role. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed four staff personnel files and two personnel files of locums who had been used in the past two years and found that not all appropriate recruitment checks had been undertaken prior to employment. For example; only one file contained references, only one contained proof of identification and appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We noted that there were not clear action plans in place to ensure that any identified actions were completed.

- 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 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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises. A first aid kit and accident book were available. The practice did not have access to oxygen which is considered essential in dealing with certain medical emergencies. When we brought this to their attention they told us they would review whether they should have oxygen on site. Since the inspection the practice have told us that they now have oxygen on site.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# 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 patients' needs.
- 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 98% of the total number of points available with a clinical exception rate of 13% (clinical commissioning group (CCG) average 11%, national average 10%). 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 2015/2016 showed:

- Performance for diabetes related indicators was comparable to the CCG and national averages. For example, 80% of patients with diabetes, on the register, last blood glucose level was 64 mmol/mol or less in the preceding 12 months compared to the CCG average of 80% and the national average of 78%.
- 94% of patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months which was comparable to the CCG average of 89% and the national average of 89%.

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits in the last two years, which were all medicines audits mostly led by the CCG medicines optimisation team.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example; the practice undertook an audit of high risk antibiotic prescribing and as a result had decreased prescribing of high risk antibiotics.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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 on line 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 training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### 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.

# Are services effective?

## (for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a six to eight week basis when care plans were routinely reviewed and updated for patients with complex needs.

### 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.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 69%, which was below the CCG average of 80% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates did not meet the national 90% target for any of the four indicators for vaccines given to under two year olds. Childhood immunisation rates were also below CCG and national averages for five year olds. For example 40% of five year olds received measles, mumps and rubella (MMR) dose one compared to the CCG average of 83% and the national average of 94%. The practice provided unverified data that showed childhood immunisation rates were in line with CCG and national averages.

Patients had access to appropriate health assessments and checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# 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.

Patients we spoke with on the day of inspection said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with clinical commissioning group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients who responded said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 80% of patients who responded said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 92% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 88% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 93% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 91% of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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. Results were in line with local and national averages. For example:

- 86% of patients who responded said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 81% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 92% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- 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.
- Information leaflets were available in easy read format.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 165 patients as carers (2% of the practice list). The practice actively



## Are services caring?

encouraged carers to take up further support, such as carers' breaks, through their link with a local voluntary organisation. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted 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. For example; the practice was carried out audits with the CCG medicines optimisation team to improve prescribing safety.

- The GPs ran personal lists which improved continuity of care and clear responsibility for the care and treatment of each patient.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 8:30am to 11am every morning and 12pm to 6pm daily. In addition to pre-bookable appointments that could be booked up to two weeks in advance, same day appointments were available for any patient who felt they needed to be seen more urgently.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 76% of patients who responded said they were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.

- 66% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

For example, the GP may telephone the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### 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.
- We saw that information was available to help patients understand the complaints system although we noted that this was not easily accessible.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, following a complaint by a patient about the level of care offered by their GP, the partners reviewed the care offered and reminded all GPs that they should make sure patients are aware of and agree with any action plans put in place for future care.

# Are services well-led?

Requires improvement 

(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 and staff knew and understood the values. The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had a 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.
- There were some practice specific policies implemented and available to staff. However we noted that some policies were not available and contained out of date information, for example; the adult safeguarding policy was not available and the recruitment policy contained out of date information.
- A comprehensive understanding of the performance of the practice was maintained.
- Clinical and internal audits were used to monitor quality but these were only being used to make improvements to prescribing.
- There were arrangements for identifying, recording and managing risks, however there was no clear oversight to monitor the outcomes of risk assessments and ensure that mitigating actions were implemented.

### Leadership and culture

On the day of inspection the partners in the practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure in place and staff felt supported by management.

- The GPs met for approximately 30 to 60 minutes daily for informal case discussions. Nurses could also attend to discuss cases if they needed to.
- Staff told us the practice held monthly clinical meetings which the GPs and practice manager attended. The nursing team did not attend the clinical meetings.
- Staff also told us there was a monthly team meeting which was attended by reception, administration, the practice manager and if appropriate the nursing team.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice encouraged and valued feedback from patients, the public and staff.

- The practice had gathered feedback from patients through the virtual patient participation group (PPG), comprised approximately 100 patients and through surveys and complaints received. The practice responded to patient feedback; for example patients said it was difficult to contact the practice by phone so the practice a new phone system to improve patient access had been installed.
- The practice had gathered feedback from staff through generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

### Continuous improvement

# Are services well-led?

Requires improvement 

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

There was a focus on 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. For example; the practice was carried out audits with the CCG medicines optimisation team to improve prescribing safety.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider was unable to demonstrate that it had done all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>The provider had failed to ensure action plans were in place, or monitored, to implement actions identified in the infection control audit, the Health and Safety risk assessment and Legionella risk assessment.</p> <p>The provider had not ensured that oxygen was readily available to deal with emergencies.</p> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider could not demonstrate that a system was in place to ensure learning from all significant events and complaints were disseminated to appropriate staff.</p> <p>We also found that the provider did not follow its policies regarding recruitment checks.</p> <p>We found the practice could not demonstrate that policies used were up to date or specific to the practice or location.</p> <p>This was in breach of Regulation 17(1)(2) Health and Social Care Act 2008(Regulated Activities) Regulations 2014</p>