

# Dr Inayat Ullah

## 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 Dr Inayat Ullah (known locally as Woodlands Surgery) on 3 September 2015. Overall the practice is rated as good for providing safe, effective, caring, responsive and well led services.

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

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Risks to patients were assessed and well managed.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.

**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. Staff understood their responsibilities to raise concerns, and identified and reported incidents and near misses. Learning points were identified and communicated widely amongst staff to support improvement. Information about safety was recorded, monitored, reviewed and addressed. Risks to patients were assessed and well managed. Appropriate safeguarding measures were in place to help protect children and vulnerable adults from the risk of abuse. There were enough staff to keep people safe.

Good



### Are services effective?

The practice is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff had received training appropriate to their roles and any additional training needs were identified and planned to meet these needs. Staff were appraised annually and had personal development plans in place. Staff worked with multidisciplinary teams to improve outcomes for patients.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



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

The practice is rated as good for providing responsive services. It identified and reviewed the needs of its local population and engaged with the NHS England Area Team and the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they were able to make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day. Extended hours opening hours were available on Monday and Friday evenings until 8pm.

Good



# Summary of findings

The practice building was purpose built and well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. Appropriate systems were in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group and responded to feedback from patients about ways that improvements could be made to the services offered. Staff had received inductions, regular performance reviews and attended staff meetings and events.

**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 the older people in its population. It was responsive to the needs of older people, and offered home visits for those unable to reach the practice. GPs also made proactive daily telephone calls and visits during the week and on Sundays to two care homes where patients lived. Health checks were carried out for all patients over the age of 75 years. At the time of our inspection, the practice had started to plan its 2015-2016 flu vaccination programme. The practice was part of a pilot scheme within Warwickshire North Clinical Commissioning Group (CCG) to more closely monitor and review patients discharged from hospital. The intention was to identify and meet patient needs using a multi-disciplinary approach.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice used a chronic disease management system to monitor patients with chronic diseases. Patients at risk of hospital admission were closely monitored. Longer appointments and home visits were available when needed. Patients were reviewed at least annually, sometimes more frequently depending on the condition they had and its severity. All patients diagnosed with a long term condition had a named GP and a structured annual review to check that their health and medicine needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice also offered dietary, weight management and smoking cessation advice.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk of abuse. For example, children and young people who had a high number of accident and emergency (A&E) attendances.

The practice ran baby clinics and offered appointments with the midwife who visited the practice weekly. The practice had a policy providing same day appointments for children and appointments were also available outside of school hours. The premises were suitable and accessible for children, with changing facilities for

Good



# Summary of findings

babies. We saw good examples of joint working with midwives, health visitors, school nurses and district nurses. The practice notified Child Health Services when babies and children did not attend for their vaccinations.

The practice also offered a number of online services including booking appointments and requesting repeat medicines.

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

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified. Telephone consultations were available for patients who were unable to reach the practice during the day. Extended hours opening was offered with appointments available until 8pm on some days. The practice was proactive in offering online services as well as a full range of health promotion and screening services that reflected the needs for this age group. The practice nurse had oversight for the management of a number of clinical areas, including immunisations.

The practice had agreed to be part of a pilot scheme within Warwickshire North Clinical Commissioning Group (CCG) to more closely monitor and review patients who attended accident and emergency at George Eliot Hospital, Nuneaton from 1 October 2015. The intention of the project was to re-direct patients to appropriate healthcare and support at the practice during daytime opening hours.

Good



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

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those patients with a learning disability. For example, the practice had carried out annual health checks and offered longer appointments for patients with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had advised vulnerable patients on how to access various support groups and voluntary organisations. Alerts were placed on these patients' records so that staff were aware they might need to be prioritised for appointments and offered additional attention such as longer appointments. The practice identified and closely monitored vulnerable patients who frequently attended accident and emergency (A&E).

Staff had received training and knew how to recognise signs of abuse in adults whose circumstances made them vulnerable and

Good



# Summary of findings

children who were considered to be at risk of harm. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## **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 regularly worked with multi-disciplinary teams to plan care and treatment with patients who experienced poor mental health, including those with dementia. It carried out advanced care planning and annual health checks for patients with dementia and poor mental health. The GP and practice nurse understood the importance of considering patients' ability to consent to care and treatment and dealt with this in accordance with the requirements of the Mental Capacity Act 2005.

The practice had advised patients experiencing poor mental health how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E). Staff had received training on how to care for people with mental health needs and dementia.

**Good**



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was generally performing above local and national averages. There were 447 questionnaires issued and 101 responses which represented a response rate of 23%. Results showed:

- 93% found it easy to get through to this practice by phone which was higher than the Clinical Commissioning Group (CCG) average of 66% and a national average of 73%.
- 90% found the receptionists at this practice helpful compared with a CCG average of 85% and a national average of 87%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%.
- 96% said the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 94% described their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.
- 87% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 67% and a national average of 65%.
- 84% feel they did not normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection. We received 45 comment cards. Of these, all were completely positive about the standard of care received. Patients were very complimentary about the practice and commented that they could easily obtain appointments, the telephone consultations were useful and GPs were friendly and approachable.

We spoke with eight patients during the inspection who were all very positive about the service they received. Two patients were members of the Patient Participation Group (PPG). This is a group of patients registered with the practice who work with the practice to improve services and the quality of care. All patients we spoke with were overwhelmingly positive about all aspects of the practice.

We spoke with the management of the two care homes the practice served. They confirmed that the practice provided a prompt, efficient, friendly and proactive service at all times. One care home manager said the lead GP telephoned them daily and carried out a weekly visit every Sunday. The home was particularly proud of the fact they only had two hospital admissions amongst their 42 residents so far in 2015, both of which had been due to unavoidable and unforeseeable medical occurrences. They said this low level of hospital admission was a demonstration of the excellent service they received from the practice.



# Dr Inayat Ullah

## 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 advisor, a practice manager specialist advisor and an expert by experience (a person who has experience of using this particular type of service, or caring for somebody who has).

### Background to Dr Inayat Ullah

Dr Inayat Ullah (known locally as Woodlands Surgery) is located in Bedworth, north Warwickshire.

The practice is run by a single-handed GP and provides primary medical services to patients in an urban and semi-rural area. Locally there are some areas of deprivation. There is also a higher than average rate of long-term medical conditions amongst older people due to Bedworth being a former coal mining community.

The practice is housed in a purpose built facility. There were 3,112 patients registered with the practice at the time of the inspection. There are a high number of patients who live in care home registered at the practice, with over 50 living in two nearby homes. This included patients living with dementia.

The practice has a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice has the lead GP (male), two salaried GPs (male and female) and a practice nurse. They are supported by a practice manager and administrative and reception staff.

The practice is open from 8am to 6.30pm during the week, with extended opening until 8pm on Mondays and Fridays. When the practice is closed, patients can access out of hours care through NHS 111. The practice has a recorded message on its telephone system to advise patients. This information is also available on the practice's website and in the patient practice leaflet.

Home visits are available for patients who are unable to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and book new appointments without having to telephone the practice.

The practice treats patients of all ages and provides a range of medical services. This includes disease management such as asthma, diabetes and heart disease. Other appointments are available for maternity care, family planning and smoking cessation.

### 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. 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.

### How we carried out this inspection

Before our inspection of Dr Inayat Ullah we reviewed a range of information we held about this practice and asked

## Detailed findings

other organisations to share what they knew. We contacted Warwickshire North Clinical Commissioning Group (CCG) and NHS England area team to request any information they held about the practice. We reviewed policies, procedures and other information the practice provided before the inspection. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.

We carried out an announced inspection on 3 September 2015. During our inspection we spoke with a range of staff that included the GP, the practice manager, the practice nurse and reception staff. We also looked at procedures and systems used by the practice. During the inspection we spoke with 8 patients, including two members of the patient participation group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care.

We observed how staff interacted with patients who visited the practice and 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 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)

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

During our inspection we saw evidence that Dr Inayet Ullah (Woodlands Surgery) had a robust system for reporting and recording significant events. This included a safety alerts protocol which was followed by all staff. We saw all patients affected by significant events received a timely apology and explanation. They were told about relevant actions the practice had taken to improve care. We reviewed an incident where an incident had occurred to a patient in a care home before the practice was aware they had moved into the home. The practice reviewed this incident with the home concerned to ensure the practice was aware of any new residents who moved into the home within the last 24 hours. We saw the practice contacted the patient's family to offer an apology.

Staff at the practice were fully aware of their responsibilities to raise concerns and they demonstrated during our inspection how they reported incidents and near misses. We were shown how would notify the practice manager of any incidents and there was also a recording form available.

The practice carried out an analysis of all significant events and as well as dealing with each one when it occurred, they held an end of year review of significant events and complaints. We reviewed the minutes of the review held in March 2015. This examined the six significant events that had occurred over the last 12 months. We saw each one had been fully investigated, action points had been discussed with all relevant staff and the scenarios had been re-visited to ensure a repeat of each incident had not occurred.

We were shown how the practice monitored safety using information from a variety of sources, including National Institute for Health and Care Excellence (NICE) guidance. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and for producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. As a result, staff understood risks and an accurate and current picture of safety was provided.

### Overview of safety systems and processes

Dr Inayet Ullah had processes and practices in place to keep patients safe. They included:

- Procedures to safeguard adults and children who were at risk of abuse. This reflected relevant legislation and local requirements issued by Warwickshire County Council. Staff told us how all policies were accessible to them and we saw how this information was clearly available for staff to refer to in the reception area.
- Safeguarding policies listed who should be contacted for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The lead GP attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated during our discussions that they understood their responsibilities and all had received training relevant to their role.
- Appropriate procedures were in place for monitoring and managing risks to patients and staff. This included a health and safety policy. All electrical equipment was checked to ensure it was safe to use. This was last carried out shortly before our inspection in September 2015. Clinical equipment was checked to ensure it was working properly. This was last done in August 2015. There were also a range of other risk assessments in place to monitor safety of the premises such as fire safety, infection prevention and control and legionella, a term for particular bacteria which can contaminate water systems in buildings. A legionella risk assessment and test had been carried out in March 2015. We noted some policies did not include review dates, although we saw evidence they had been regularly reviewed.
- There was a notice displayed in the waiting room and in treatment rooms to inform patients that chaperones were available if required. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). 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.
- There were appropriate measures in place to ensure the required levels of cleanliness and hygiene were met and maintained. During our inspection we noted that the premises were visibly clean and tidy. The practice nurse was the infection control lead and liaised with the local

## Are services safe?

infection prevention and control teams to keep up to date with best practice. The practice had an infection control protocol in place and we saw evidence that staff had received up to date training. Annual infection control audits were undertaken and we saw action was taken to address any improvements identified as a result. The latest infection control audit had been carried out in March 2015. This identified there was no sanitary waste bin in the patient toilet. We saw evidence that the practice had quickly rectified this.

- We saw there were arrangements in place for managing medicines, including emergency medicines and vaccinations, to ensure patients were kept safe. This included obtaining, prescribing, recording, handling, storing and security of medicines. Regular medicine audits were carried out to ensure prescribing was in line with best practice guidelines for safe prescribing. There was a higher than average level of antibiotic prescribing due to the large number of care home patients registered at the practice (50). To assist with prescribing, the practice received regular visits from a pharmacist from Warwickshire North Clinical Commissioning Group (CCG) to support this. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. Blank prescription forms were securely stored and there were systems in place to monitor their use.
- The practice had up to date fire risk assessments and regular fire drills were carried out. The fire risk assessment was last carried out shortly before our inspection in September 2015. Any actions identified during fire drills were followed up. There was also an emergency evacuation plan in place.
- Dr Inayat Ullah had a staffing levels assessment setting out minimum staffing levels and a policy to plan and monitor the number and range of staff on duty each day to meet patients' needs. There was a rota system in place for the different staff groups to ensure enough staff were available during the times the practice was

open. Staff told us they covered for each other at holiday periods and at short notice when colleagues were unable to work due to sickness. There were guidelines for long term unpredictable staff absences.

- We looked at staff records to ensure recruitment checks had been carried out in line with legal requirements. We saw that appropriate recruitment checks had been undertaken on staff prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). However, we noted identity details were not held for some longer term staff members. Practice management told us they would rectify this.

### Arrangements to deal with emergencies and major incidents

The practice had an instant messaging system on the computers located in all of the consultation and treatment rooms. This alerted staff to any emergency. We saw records that demonstrated staff received annual basic life support training. There were emergency medicines and equipment available in the treatment room and we saw a first aid kit and accident book. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. There was a defibrillator for the treatment of cardiac arrest (where the heart stops beating), oxygen and medicines to treat patients with a severe allergic reaction and low blood sugar. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that might affect the daily operation of the practice. The practice had worked with other nearby practices to support each other in the event of the practice building being unable to offer a service to patients. Risks identified included power failure, loss of telephone system, loss of computer system, and loss of clinical supplies. We saw there was a procedure in place to protect computerised information and records in the event of a computer systems failure.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Dr Inayat Ullah carried out patients' assessments and treatments in line with relevant and current evidence based guidance and standards. This included best practice guidelines issued by the National Institute for Health and Care Excellence (NICE). NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and for producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. There were systems in place to ensure all clinical staff were kept up to date of the latest clinical guidance and advice. Monitoring carried out by the practice ensured these clinical guidelines were followed. This monitoring included risk assessments, audits and random sample checks of patient records. Clinical staff told us they used NICE guidance and actioned recommendations when appropriate.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF) scheme. This is a voluntary incentive scheme for GP practices in the UK 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. Current results for the practice were 99.3% of the total number of points available, with 0.8% exception reporting. This was above the CCG average of 96.1% for QOF. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

Data from 2014 showed:

- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 100% which compared with the national average of 83.82%.
- The percentage of patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place was 100% which was higher than the national average of 86%.

- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 100% which was above the national average of 83%.
- Performance for diabetes related indicators such as patients who had received an annual review was 99.7% which was higher than the national average of 88.35%.
- A system for completing clinical audits was in place and used by the practice. Clinical audits are quality improvement processes that seek to improve patient care and outcomes through systematic review of care and the implementation of change.

The practice also participated in appropriate local audits, national benchmarking, accreditation and peer review. Findings were used by the practice to improve services. One audit carried out in 2014 and repeated in 2015 concerned patients on the practice's dementia register. At the time of our inspection, this included 61 patients. The initial audit revealed three patients did not have care plans. This was rectified. The audit was repeated to ensure this continued to be maintained and that all dementia patients received the appropriate review at either 12 weeks or every six months.

### Effective staffing

During our inspection we reviewed evidence and had discussions which showed that staff had the skills, knowledge and experience to deliver effective care and treatment.

- Practice staff received relevant training that included medical terminology for non-clinical staff, infection control, safeguarding, fire procedures and basic life support.
- Staff learning needs were identified through appraisals, meetings and reviews of practice development needs. Any personal objectives set were aligned to objectives applied to the practice, for example, to develop and maintain skills to maximise staff retention.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support during sessions, meetings, appraisals, clinical supervision and facilitation. All staff had received an appraisal within the last 12 months.



# Are services effective?

## (for example, treatment is effective)

- There was an induction programme for newly appointed staff that covered topics such as patient confidentiality, safeguarding and health and safety. This included locum GPs.

### Coordinating patient care and information sharing

All relevant information necessary for the planning and delivery of care and treatment was available to staff in an easily accessible way through the patient record and practice intranet systems. This included care and risk assessments, medical records, care plans and test results. Appropriate information, for example, NHS patient information leaflets were also available. All relevant information was shared in a timely way such as when patients were referred to other services.

Records demonstrated how the practice staff worked 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 patients moved between services, including when they were referred, or after they were discharged from hospital. We saw examples of the minutes of multi-disciplinary team meetings to support this. We saw from meeting minutes they included health visitors, district nurses and a Macmillan nurse when appropriate. Discussions had included concerns about safeguarding adults and children, as well as those patients who needed end of life care and support. These meetings took place monthly. We also saw details of the monthly meetings held with health visitors. Children at risk were discussed and actions agreed as a result.

### Consent to care and treatment

During our inspection, we saw how patients' consent to care and treatment was always obtained in line with current legislation and guidance. This included consent for minor surgery. We were shown the relevant forms. Staff we spoke with understood the Mental Capacity Act 2005 and how it related to obtaining consent within the practice. When providing care and treatment for children and young people, clinical 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 nurse assessed the patient's capacity and when necessary, recorded the outcome of the assessment.

Clinical staff we spoke with understood the need to consider Gillick competence when providing care and

treatment to young people under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

### Health promotion and prevention

Dr Inayat Ullah (Woodlands Surgery) identified patients who needed additional support and meet their needs when appropriate. As an example, the practice kept a register of all patients with a learning disability and ensured that longer appointments were available for them if needed.

The practice offered all newly registered patients a health check with the practice nurse. Patients were referred to a GP if concerns were identified during the health check. Since the start of 2015, 66% of patients aged over 75 had also received a health check.

A comprehensive screening programme took place at the practice. The practice's uptake for the cervical screening programme was 82%, which was similar to the national average of 81.88%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to national and local averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93.2% to 100% and five year olds from 94.8% to 100% which compared with CCG rates of 98.2% to 99.2% and 92.3% to 99% respectively. Flu vaccination rates for the over 65s were 75% which was slightly above the national average of 73.24%.

Smoking cessation advice and support was also carried out at the practice. A total of 84% of patients who smoked had been given advice in the last 12 months and of these, the practice had recorded that 3.6% had stopped smoking. The GP told us however, that the number of patients who had stopped smoking was higher than the data showed and the practice had recently taken steps to improve the recording of this information for the future.

We saw how the practice was actively involved in supporting and promoting 'Fit Fitters' held at the local Bedworth Leisure Centre. Patients could be referred to this for general fitness advice and it was also suitable for

# Are services effective?

(for example, treatment is effective)

patients with long term conditions. Any patients referred by the practice were automatically entitled to 12 weeks free membership of with no obligation to become a longer term member of the organisation.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

Throughout our time at the practice, we saw that staff were polite and helpful to patients at the reception desk and on the telephone. We also saw that patients were treated with dignity and respect. This was supported by comments we received from patients who completed comment cards and those we spoke with. We saw that curtains were provided in consulting rooms so that patients' privacy and dignity could be maintained during examination, investigation and treatment. The doors to consultation and treatment rooms were closed during consultations and conversations that took place in these rooms could not be overheard from the outside. Reception staff told us how they could offer patients a private room if they wanted to discuss something with staff away from the reception area.

Before our inspection, patients completed 45 comment cards. They were all highly positive about all aspects of care at the practice and the practice staff. Patients reported it was easy to obtain appointments, it was easy to get through to the practice on the telephone and the standard of telephone consultations was very good. Some patients told us they felt they mattered and were important to staff. Patients also said clinical staff were friendly, approachable and had a respectful attitude at all times.

The results from the July 2015 national GP patient survey showed the practice scored below average results in relation to patients' experience of the practice and some of the satisfaction scores on consultations with doctors and nurses. For example:

- 89% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 68% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 99% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.

We spoke with the GP and practice management about the patient survey results. They told us how the practice had been looking at ways to increase GP availability and improve the service it offered to patients. Telephone

consultations had recently been introduced to increase GP availability and these had been well-received by patients. Comments we received from patients supported this. The GP and practice management said they would continue to monitor patient satisfaction.

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

Information we received from patients through the comment cards and in person demonstrated that health issues were fully discussed with them. Patients told us they felt involved in decision making about the care and treatment they received. Patients gave us mixed answers about whether they felt listened to and supported by staff and whether they were given enough information to enable them to make informed decisions about the choices of treatment available to them.

Results from the July 2015 national GP patient survey showed some patients surveyed had responded in a mixed way to some questions about their involvement in planning and making decisions about their care and treatment. This differed from comments made by patients on the day of our inspection. For example:

- 69% said the GP was good at listening to them compared with the Clinical Commissioning Group (CCG) average of 89% and national average of 89%.
- 81% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 71% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 98% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.
- 90% of patients found the receptionists at this practice helpful compared to the CCG average of 85% and the national average of 87%.

Patients we spoke with told us that when they had their medicines reviewed, the GP took time to explain the reasons for any change that was needed and any possible side-effects and implications of their condition.



## Are services caring?

Staff told us that staff were able to speak a range of languages used in the local community and they did not often have to use a translation services for patients who did not speak English as a first language.

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

We saw notices in the patient waiting room which explained to patients how to access a number of support groups and organisations. Patients who were carers were actively identified and signposted to local and national services for support. Carers were also offered health checks by the practice.

The practice ensured patients are given extra support at the end of their lives. Daily telephone calls were made to families and the practice aimed to ensure patients died with dignity and where possible at a place of their choice. The practice offered support to family members after a patient's death and also provided information about sources of help and advice. Leaflets giving support group contact details were also available to patients in the waiting room. The GP also visited the families of their patients who lived in care homes when they were nearing the end of life.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice was involved with regular meetings with NHS England and worked with the local Warwickshire North clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. We saw evidence that Dr Inayat Ullah (Woodlands Medical Centre) planned and delivered its services to take into account the needs of different patient groups and to ensure flexibility, choice and continuity of care. For example:

- Six-monthly or annual reviews were carried out with patients who were older or had long term conditions such as diabetes and lung diseases, patients with learning disabilities, and those experiencing mental health problems including dementia. Medicine reviews were carried out in conjunction with the community pharmacy and when appropriate, families were advised of changes to medication. Family members could discuss concerns about any aspect of treatment or care with the GP if they made an appointment and patient consent was obtained and recorded for this.
- Care plans were in place for 100% of patients in care homes (50 patients), 100% of patients with severe mental health problems (28 patients), and 100% of patients on the avoiding unplanned hospital admissions register (56 patients)
- GPs also made proactive daily telephone calls and visits during the week and on Sundays to two care homes where patients lived.
- When patients were newly registered at a care home, a comprehensive health check was done within two days and a care plan put in place. If the patient had Dementia, the care plan was reviewed every six months in conjunction with the community psychiatric team.
- The practice had compiled a handbook for staff to enable them to better understand the complex needs of patients who lived within care homes.
- The GP and the practice nurse made home visits to patients whose health or mobility prevented them from attending the practice for appointments.
- The practice worked with the community matron to support elderly patients and those with complex needs, to prevent unplanned hospital admissions and improve outcomes for patients. The community matron regularly visited patients in their own homes and local care homes in response to their needs and to ensure those needs were met. The practice held multi-disciplinary meetings with the community matron, district nurse, physiotherapist, social services and Macmillan nurses every three months to discuss patient's needs and care for the patient according to those needs as much as possible. The practice also involved Age UK when appropriate.
- Patients had a choice of seeing the midwife at either the practice or in their own home.
- Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability.
- Urgent appointments were prioritised for children and patients with long term or serious medical conditions.
- The practice offered routine ante natal clinics, childhood immunisations, travel vaccinations and cervical screening. Clinics were held twice every month for patients with diabetes and Chronic Obstructive Pulmonary Disease (COPD), the name for a collection of lung diseases. These were led by specially trained staff with a detailed knowledge of those conditions.
- Telephone consultations had recently been introduced to increase GP availability and these had been well-received by patients. Comments we received from patients supported this.
- The practice was part of a pilot scheme within Warwickshire North Clinical Commissioning Group (CCG) to more closely monitor and review patients discharged from hospital. The intention was to identify and meet patient needs using a multi-disciplinary approach. This had helped to reduce admission into hospitals and had sought to provide care to patients in the community. This had been achieved by utilising the skills of the community matron, district nurse, physiotherapist, social services and Macmillan nurses.

# Are services responsive to people's needs?

(for example, to feedback?)

## Access to the service

Dr Inayet Ullah (Woodlands Surgery) was open from 8am to 6.30pm Monday to Friday. Appointments were available during those times. Extended hours opening was available from 6.30pm to 8pm on Mondays and Fridays. These were 'commuter clinics' aimed at patients who worked during the day. Telephone consultations were available from 8am to 9am and from 1pm to 2pm and there were also times for open clinics when no appointments were necessary. The GP also made it very clear that the practice would never turn a patient away and would see anyone who needed to be seen.

The practice closed at weekends. When the practice was closed, patients could access out of hours care through NHS 111. The practice had a recorded message on its telephone system to advise patients. This information was also available on the practice's website and in the patient practice leaflet.

Home visits were available for patients who could not attend the practice for appointments. Patients who required a routine home visit the same day had to telephone the practice before 11am. Patients could book appointments and order repeat prescriptions on-line and could also register to receive mobile phone text message reminders for appointments.

There were accessible facilities for patients with physical disabilities, a hearing loop to assist patients who used hearing aids and translation services available. Practice staff spoke a range of the languages spoken locally, so were able to translate for most patients without having to use the formal translation service. The practice also provided patient information in a large print format for those who were visually impaired.

The results from the July 2015 national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mainly above local and national averages. For example:

- 93% of patients said they could get through easily to the surgery by phone compared to the CCG average of 66% and national average of 73%.
- 94% of patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 87% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 67% and national average of 73%.

## Listening and learning from concerns and complaints

The practice had an appropriate system in place for handling concerns and complaints. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated team member who handled all complaints in the practice.

We saw the system for dealing with complaints was transparent and open. Information on how to complain was clearly displayed within the patient waiting room, was included within the practice patient leaflet and was displayed on the practice website. Patients we spoke with said they knew how to make a complaint, but had never needed to do so.

During our inspection, we examined records of complaints. Four complaints had been received within the last 12 months, all of them verbal. It was clear from our examination that verbal complaints were treated in exactly the same way as a formal written complaint would be. We reviewed these complaints and saw the practice had replied to patients with an apology and explanation within the timescales outlined in their complaints procedure. All complaints had been related to administrative issues and no complaints had been made about clinical matters.

We saw evidence that showed lessons learned from individual complaints had been acted on. For example, following a patient concern about a staff member, the practice arranged relevant customer service training.

# 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

As part of our inspection, we reviewed Dr Inayat Ullah's (Woodlands Surgery) statement of purpose. This clearly stated the practice's intention to provide a high quality service at all times. This was also outlined in the practice's patient leaflet and on its website. Throughout our discussions with clinical, managerial and administrative staff during our inspection, it was evident the practice aimed to provide a consistently high standard of care for its patients. This was also reflected in the positive comments we received from patients who completed the patient comment cards before our inspection and from patients who spoke with us on the day.

### Governance arrangements

The practice had a governance framework in place to facilitate the delivery of its strategy and provide high quality care for its patients. This ensured that:

- Quality and Outcomes Framework (QOF) was used to measure practice performance. QOF is a national performance measurement tool. QOF data for this practice showed that in all relevant services it was performing above or in line with national standards. We saw that QOF data was regularly discussed at weekly meetings and action taken to maintain or improve outcomes.
- There was a clear staff structure and all staff were aware of their own roles and responsibilities, those of others and of the lines of responsibility for reporting.
- Procedures and policies were implemented, regularly reviewed and were available to all staff. Staff we spoke with knew how to access these policies.
- There were policies and procedures in place for identifying, recording and managing risks and taking action to deal with these. Within the minutes of practice meetings we saw evidence that information was shared, discussions were held about areas that worked well and areas where improvements could be made.
- The practice held meetings to share information, to look at what was working well and where improvements

needed to be made. We saw minutes of these meetings to confirm this. Staff we spoke with confirmed that complaints and significant events were discussed with them, along with any changes that needed to be made as a result.

- There was a programme of continuous clinical and internal audit in place. This monitored quality and highlighted areas that needed improvement within the services provided by the practice.

### Leadership, openness and transparency

It was evident during our inspection that the GP and management team had the experience, capacity and capability to run the practice and provide high quality care. Staff we spoke with told us the GP and management team were open and straightforward and they would have no difficulty with raising anything with them at any time. Staff said they were well supported and knew what was expected of them within their roles. We saw records to evidence that regular team meetings were held.

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

We saw how the practice actively encouraged and valued the feedback it received from patients about the delivery of the service. It had obtained feedback from patients through the patient participation group (PPG), patient surveys and complaints received. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. We saw how the practice reviewed concerns around the availability of GP time and the mixed patient survey results.

During our inspection we saw how the practice monitored the feedback it received through the NHS Friends and Family Test. The Friends and Family test results for August 2015 showed that 96% of patients were extremely likely or likely to recommend the practice. No patients said they were unlikely to recommend the practice. Patients' comments made as part of the Friends and Family test were entirely positive and included the excellent availability of same day appointments, availability of GPs and a high standard of care.