

# The Woodland Medical Practice

## 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

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 The Woodland Medical Practice on 25 February 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said that appointments were easily available, often with their GP of choice at short notice and valued the daily 'sit and wait' surgery.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- Some systems and processes in place were not robust. For example, safeguarding and some 'shared care' arrangements.

The areas where the provider must make improvements are:

- Ensure staff have in place and follow appropriate policies and guidance such as a cold chain policy and protocol which are reflective of the requirements of the practice and enable them to carry out their roles in a safe and effective manner including resetting fridge temperatures on a daily basis.
- Ensure there are robust systems and processes in place for safeguarding children, including implementation of and adherence to the practice's 'Safeguarding Children Action Plan.'

# Summary of findings

- Ensure there are effective systems in place for monitoring patients and the quality of care, including the implementation of and adherence to the practice's 'improvement plan for GSF meetings' and their 'shared care prescribing' plan.

In addition the provider should:

- Ensure all clinicians are kept up to date with national guidance and guidelines.

**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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice did not have clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Arrangements for maintaining the cold chain were not robust.
- Risks to patients were assessed and well managed.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance. However there was not a system in place to ensure that information was disseminated to keep clinicians up to date.
- 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.
- In some areas staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

**Good**



# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Patients valued the daily 'sit and wait' surgery.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

**Good**



## Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a documented leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a lack of multi-disciplinary meetings.
- Although there was a named safeguarding lead we found there was a lack of oversight and awareness regarding safeguarding children.
- Arrangements to monitor and improve quality and identify risk were in place.
- The system for monitoring high risk prescribing required strengthening.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

**Requires improvement**



# Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

The provider is rated as requiring improvement for safety and for being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

The practice is therefore rated as requires improvement for the care of older people.

- 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, visits by the practice nurse and health care assistant for chronic disease management.
- The practice offered a medication delivery service and weekly dosette boxes.
- Local support organisations attended the practice's annual flu clinic such as Healthwatch, Age UK, Carers Connect and the Health Trainer.
- Pulse checks were carried out on older people at flu clinics to identify patients with possible atrial fibrillation.
- Care homes were supported by means of a dedicated telephone line for nursing & residential homes and a weekly GP ward round.

**Requires improvement**



### People with long term conditions

The provider was rated as requiring improvement for safety and for being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Patients were signposted to various support organisations or referred for example to smoking cessation clinics.

**Requires improvement**



# Summary of findings

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 88% which was the same as the national average.
- Longer appointments and home visits were available when needed.
- Patients had a structured annual review to check their health and medicines needs were being met. Non-attenders were followed up with a telephone call. 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.
- The practice nurse was available during extended hours to facilitate ease of access to chronic disease reviews.
- Care plans were agreed and in place for COPD patients
- The practice hosted a diabetic retinopathy van to save patients having to travel further afield.
- Newly diagnosed diabetic patients were referred to a local diabetes education and support group.

## Families, children and young people

The provider was rated as requiring improvement for safety and for being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

- The percentage 74% which was comparable to the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 78% and higher than the national average of 74%.
- Appointments were available outside of school hours.
- There was a system in place for monitoring and recall of childhood immunisations with non-attenders telephoned if necessary.
- The practice offered contraception services including coil clinics and implant fitting.
- Chlamydia screening was available.
- The processes for safeguarding children required strengthening.

**Requires improvement**





# Summary of findings

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

The provider was rated as requiring improvement for safety and for being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, including extended hours, telephone consultations. And dedicated worker appointment slots.
- 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.
- The practice offered an in house phlebotomy service.
- There was an in house physiotherapy service available.

Requires improvement



## People whose circumstances may make them vulnerable

The provider was rated as requiring improvement for safety and for being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

The practice provided:

A practice list which was open to all, including people of no fixed abode and homeless people.

- A Learning disability lead within the practice and annual Learning disability checks.
- A flexible appointment system for patients with a learning disability to reduce distress when attending the practice.
- Weekly/signed prescriptions for patients at risk
- A safeguarding lead and regular training for all staff
- Referral/signposting to primary care navigator as appropriate
- Home visits for housebound patients

Requires improvement



# Summary of findings

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

The provider was rated as requiring improvement for safety and for being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

The practice provided:

- Mental health care plans for patients with poor mental health where appropriate, including dementia.
- Annual mental health reviews with a system for recalls and monitoring.
- Access to confidential self-referral for cognitive behavioural therapy.
- Same day urgent triage
- Opportunistic dementia screening for at risk patients
- Staff who were trained 'Dementia Friends.'
- The practice liaised with community psychiatric nurses in the case management of people experiencing poor mental health.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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 published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 258 survey forms were distributed and 112 were returned. This represented a 43% completion rate.

- 86% found it easy to get through to this surgery by phone compared to a CCG average of 77% and a national average of 73%.
- 88% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 94% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).

- 93% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards. Of these 41 were positive about the standard of care received. Patients expressed their confidence in all the staff and described them as polite, friendly, caring professional and interested. They also commented that appointments were easily available, often with their GP of choice at short notice and valued the daily 'sit and wait' surgery.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were friendly, kind and understanding.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure staff have in place and follow appropriate policies and guidance such as a cold chain policy and protocol which are reflective of the requirements of the practice and enable them to carry out their roles in a safe and effective manner including resetting fridge temperatures on a daily basis.
- Ensure there are robust systems and processes in place for safeguarding children, including implementation of and adherence to the practice's 'Safeguarding Children Action Plan.'

- Ensure there are effective systems in place for monitoring patients and the quality of care, including the implementation of and adherence to the practice's 'improvement plan for GSF meetings' and their 'shared care prescribing' plan.

### Action the service **SHOULD** take to improve

- Ensure all clinicians are kept up to date with national guidance and guidelines.

# The Woodland Medical Practice

## 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, a second CQC inspector and a practice manager specialist adviser.

## Background to The Woodland Medical Practice

The Woodland Medical Practice is a GP practice which provides a range of primary medical services to around 7,500 patients from a surgery in Birchwood, a suburb on the outskirts of the city of Lincoln. The practice's services are commissioned by Lincolnshire West Clinical Commissioning Group (LWCCG).

The service is provided by three full time male GP partners and part time female partners who between them provide 32 sessions per week. There is also a nursing team comprising three part time practice nurses and two healthcare assistants. They are supported by a practice manager, a deputy practice manager and a team of reception and administration staff.

The practice has a General Medical Services Contract (PMS). The GMS contract is the contract between general practices and their commissioner for delivering primary care services to local communities.

Local community health teams support the GPs in provision of maternity and health visitor services.

The practice has one location registered with the Care Quality Commission (CQC). The location we inspected was The Woodland Medical Practice, Jasmin Road, Birchwood, Lincoln road, LN6 0QQ.

The surgery is a single storey purpose built premises with car parking which includes car parking spaces designated for use by people with a disability.

We reviewed information from Lincolnshire West CCG and Public Health England which showed that the practice population had deprivation levels in line with the average for practices in England.

The practice is open between 8.00am and 6.30pm Monday to Friday. Extended surgery hours are offered on Wednesdays from 6.30pm to 8.30pm.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided by Lincolnshire Community Health Services NHS Trust.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 February 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing staff, practice management and reception and administration staff.
- Observed how patients were being interacted with and talked with patients who used the service.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records and incident reports and saw minutes of meetings where these were discussed. We were told that safety alerts were also discussed at meetings. Lessons were shared to make sure action was taken to improve safety in the practice. Each staff member received minutes of the weekly meeting to ensure that learning was disseminated appropriately. The practice carried out an annual review of significant events each year and we saw that no themes had been identified for the previous year.

### Overview of safety systems and processes

- There were some arrangements in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. However the arrangements for safeguarding children were not robust. There was not a clear system in place for monitoring children considered to be at risk. The practice had a register of 63 children coded as being a cause for concern but the lead GP for safeguarding was not aware of any of these children. However staff we spoke with demonstrated they understood their responsibilities and all had received training relevant to their role. They could give clear examples of safeguarding incidents and referrals having been made. GPs were trained to Safeguarding level 3. Following our visit the practice provided us with minutes of a meeting they held to discuss actions required relating to safeguarding and identified how they were going to address the issues.
- 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 check (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 generally clean and tidy. The lead nurse was the infection control clinical lead who attended regular meetings with the local infection prevention team to keep up to date with best practice and disseminate information to staff. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Issues with the standard of cleaning on some occasions had been identified by the practice and we saw that they were taking action to address this.
- There were arrangements in place for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). However these were not always robust. There were three fridges in the practice used for the storage of vaccines. However we found that although the fridge temperatures were recorded on a daily basis the thermometer was not being reset in line with national guidance. The thermometer was not being regularly calibrated as was required if there was no secondary thermometer in use. We were informed subsequent to our visit that a secondary thermometer had been purchased. The practice had a protocol for refrigeration failure but it was not robust. It did not provide staff with sufficient guidance on what action to take in the event of a potential failure. There was no cold chain policy available on the day of our visit. However this was provided following our inspection. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams. We saw that prescription 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 support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

# Are services safe?

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe 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.

## 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 and a health and safety noticeboard in the reception area which identified for example the fire marshals and other relevant safety information. The practice had up to date fire risk assessments and carried out regular documented fire drills. Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However the records we saw of these checks showed that the vaccine fridges had not been checked. We saw confirmation following our visit that this was due to an error by the contractor employed to carry out the checks and we saw evidence that the relevant service and calibration had been booked. 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).

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

## Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in the practice, panic buttons on the phones and separate panic buttons in the treatment room and which alerted staff to any emergency.
- All staff received basic life support training at appropriate intervals and there were emergency medicines available in the practice.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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 fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure, flood, fire or building damage. The plan included emergency contact numbers for staff and was regularly updated.



# 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 did not have formal systems in place to keep all clinical staff up to date. Staff were able to access guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. However the onus was on individual clinician's to keep up to date as there was no system for dissemination of new guidelines received.

### 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 99% of the total number of points available, with 10% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed;

- Performance for diabetes related indicators was better than the CCG and national average. For example the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 85% compared with a national average of 78%.
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average. For example the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 91% compared to the national average of 84%.
- Performance for mental health related indicators was better than the CCG and national average. For example

the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 98% compared to the national average of 84%.

We found that the system for the monitoring of high risk drug prescribing was not always robust. For example, in relation to patients who had been prescribed methotrexate, two of the patient's notes we looked at either did not have a record of a shared care agreement or there was no system for recalling the patient for blood tests. Following our visit the practice responded immediately and provided us with a 'shared care prescribing action plan' in order to identify those patients on a shared care type medication who were not currently on a Shared Care Protocol/Agreement to ensure appropriate responsibility for monitoring and prescribing.

Clinical audits demonstrated quality improvement.

- There was a proactive approach to clinical audits. We looked at four clinical audits completed in the last three years; all of these were completed audits where the improvements made were implemented and monitored. For example an audit of patients who were co-prescribed a higher dose simvastatin with amlodipine was carried out following a safety alert. Patients identified had their dosage adjusted appropriately and when a re-audit was carried out no patients were identified on the higher dose.
- The practice participated in local audits, benchmarking and accreditation. The CCG prescribing data we looked at showed that the practice was performing well locally.

### 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. It 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 vaccinations and taking samples for the cervical screening programme had



# Are services effective?

## (for example, treatment is effective)

received specific training. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by discussion at nurse meetings.

- The learning needs of staff were identified by means of appraisals 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 during sessions, appraisals, coaching and mentoring, informal clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, infection control, fire safety, basic life support and information governance awareness. 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.

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

Staff worked together and with other health and social care services 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. We saw evidence that some multi-disciplinary team meetings took place, for example relating to patients on the practice's admission avoidance register. However there was no evidence available that multi-disciplinary safeguarding meetings had been held. We saw minutes of a safeguarding meeting held in February 2016 which did not identify who had attended and reflected that the last meeting had been held in April 2015. The minutes stated that the health visitor would be

contacted to request their attendance at the next meeting and quarterly going forward. Following our visit we were informed that a date for this meeting had been arranged in April 2016.

### 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 patient's capacity was assessed and the outcome of the assessment recorded.
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### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Referrals were made to Weight Watchers, smoking cessation clinics and exercise on prescription.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 78% and higher than the national average of 74%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they proactively encouraged uptake of the screening programme by opportunistically approaching patients. The practice also encouraged its patients to attend national screening programmes such as bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 93% and five year olds from 86% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

# Are services effective?

(for example, treatment is effective)

NHS health checks for people aged 40–74. 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.
- There was a separate area to the side of the reception desk to be used if patients wanted to discuss sensitive issues or staff knew that they could offer them a private room to discuss their needs if necessary.

Of the 44 patient Care Quality Commission comment cards we received 41 were positive about the service experienced. Patients said they felt the practice offered a responsive service and staff were helpful, friendly, understanding and treated them with dignity and respect.

We spoke with two members of the patient participation group. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff went out of their way to offer help and support when required.

Results from the national GP patient survey showed that patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs but below average for consultations with nurses. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 91% said the GP gave them enough time (CCG average 89%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 94% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

- 80% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 96% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%)

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

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages for GP consultations but below average for nurse consultations. For example:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 94% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%)
- 78% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language although rarely required. There was also a section on the practice website for non-English speakers. The self-check in was available in a number of languages.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.1% of the practice list as carers. Information was available in the practice and on their website to direct carers to the various avenues of support available to them.

## Are services caring?

Staff told us that if families had suffered bereavement, they sent a sympathy card and dependent on the circumstances their usual GP contacted them to offer support.

# 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 and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a bookable 'sit and wait' surgery from 11:00 am to 12:00 pm each day and patients were guaranteed to be seen by a GP.
- There were extended surgery hours on a Wednesday until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these, including for flu vaccinations.
- Same day appointments were available for patients whose needs were more urgent.
- 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.
- Appointments could be booked three months in advance.
- Electronic doors had been installed both internally and externally to improve disabled access.
- Telephone consultations were available with a GP of choice.
- Specific appointment slots were reserved at the end of surgery for patients with work commitments.
- The practice health care assistant carried out domiciliary visits for blood pressure checks, ECGs and phlebotomy for patients who could not attend the surgery.

### Access to the service

The practice was open between 08.00am to 6.30pm Monday to Friday. Appointments were from 08.30am to 12 noon and 2.00pm to 6.30pm daily. Extended surgery hours were offered between 6.30pm and 8.00pm every Wednesday. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that

needed them. The practice also ran a 'sit and wait' clinic between 11.00am and 12 noon every day which was bookable on the day and ensured that patients would be seen by a GP on the same day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was in line with or well above local and national averages. For example:

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 86% patients said they could get through easily to the surgery by phone (CCG average 77%, national average 73%).
- 72% patients said they always or almost always see or speak to the GP they prefer (CCG average 62%, national average 59%).

People told us on the day of the inspection that they were always able to get appointments when they needed them and valued this highly.

### 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. A GP led on clinical complaints and the practice manager for non-clinical complaints.
- We saw that information was available to help patients understand the complaints system. There were leaflets on the reception desk as well as information about advocacy support to make a complaint. Information was also available on the practice website.

We looked at ten complaints received in the last 12 months and found they had been dealt with in a timely way and thoroughly investigated. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example communication had been improved following a complaint regarding telephoning the practice before 8.00am.

# 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.

The practice had clear aims which were to provide high quality medical care which is easily accessible to patients and to support staff in training and development. They stated that their core values which were shared with all staff were high quality care, confidentiality, openness, fairness, respect and accountability.

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

### Governance arrangements

The practice had an overarching governance framework which was designed to support the delivery of the strategy and good quality care. We found:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Generally practice specific policies were implemented and were available to all staff. However there was a lack of guidance or policy regarding the maintenance of the cold chain within the practice. The practice informed us following our inspection of the steps they were taking to deal with this.
- A comprehensive understanding of the performance of the practice was maintained aided by the GPs having responsibility for different areas of QOF.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.
- There was not a structured or robust approach for dealing with safeguarding children. However the practice responded by providing us with an action plan following our inspection.

- There was not a robust system in place for the monitoring of high risk drug prescribing in relation to patients who had been prescribed methotrexate. We were provided with an action plan to address this following our visit.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. The partners were visible in the practice and staff told us they were approachable and took the time to listen to all members of staff.

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

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

- Staff told us the practice held regular meetings for various staff groups. Not all of these were minuted but we were told by the practice manager that they would be in the future.
- We found that there were limited structured multi-disciplinary team meetings taking place. For example relating to palliative care and safeguarding children.
- 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 in doing so and felt supported if they did. All staff received minutes of the weekly practice business meeting to ensure they were kept up to date and aware of relevant information.
- Staff said they felt respected, valued and supported at all levels within the practice. Staff had the opportunity to be involved in discussions about how to run and develop the practice, and the partners were described as open, supportive and approachable by members of staff.

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

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

# Are services well-led?

Requires improvement 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they had carried out a patient survey regarding car parking and as a result of this the practice were had submitted a request for further car parking in the development of an area behind the practice.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they felt confident to give feedback and raise any concerns or with colleagues and management. They also told us they felt there was good team work and were motivated and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and participated in local schemes to improve outcomes for patients in the area. For example the practice worked with Neighbourhood Teams to identify patients most at risk of health and social care problems and decide how best to manage their needs. The purpose of this was to bring together local health and social care professionals into a single patient-focused team with the aim of giving patients more personalised care and helping them live independently and for longer. There was also a focus within the practice on ongoing learning and the practice was a founder member of the Optimus Group of practices. As part of this the practice participated in educational sessions throughout the year.

## 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>Care and treatment was not being provided in a safe way for service users.</p> <p>The provider was not assessing the risks to the health and safety of service users of receiving the care or treatment or doing all that is reasonably practicable to mitigate any such risks.</p> <p>The provider did not have appropriate arrangements in place for the proper and safe management of medicines as they did not have a robust system in place to maintain the cold chain.</p> <p>The system in place for monitoring and review of patients prescribed methotrexate was not robust.</p> <p>These matters were in breach of regulation</p> <p>12(1), 12(2)(a)(b)(g) 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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>13 (1) Service users were not protected from abuse and improper treatment in accordance with this regulation.</p> <p>13 (2) Systems and processes were not established and operated effectively to prevent abuse of service users.</p> <p>The provider did not have an oversight or awareness of children who may have been the subject of safeguarding and there was a lack of multi disciplinary meetings relating to safeguarding.</p>



This section is primarily information for the provider

## Requirement notices

This was in breach of Regulation 13 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).