

Wood Lane Medical Centre

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 Wood Lane Medical Centre on 19 January 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording and sharing learning from significant events.
- The practice offered extended hours on two evenings and one morning per week and was open one Saturday per month for patients who could not attend the practice during normal working hours.
- The practice had clearly defined and embedded systems to minimise risks to patient safety, however fire drills were not carried out.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.

- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with 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.
- 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 the partners and management.
- The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- The practice provided minor surgery and gynaecological services for patient from local practices.

Summary of findings

The areas where the provider should make improvement are:

- Review systems for identifying and recording carers to ensure appropriate support is provided to them.
- Follow through with plans for the external legionella risk assessment.

- Review fire safety systems to include regular fire drills.

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.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- The practice acted on patient safety alerts in a timely way and shared information and outcomes with relevant staff members.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were in line with local and national averages.
- Staff were aware of and used current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

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 comparably on others for several aspects of care compared to local and national averages.

Good



Summary of findings

- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice used interpreters for patients who did not have English as their first language.
- The practice had identified less than 1% of their patient list as a carer.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example patients aged over 75 were automatically given a double appointment to allow sufficient time for their complex needs and social needs to be met.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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.
- The practice offered extended hours on a Monday evening until 6:45pm, Tuesday evening until 7:45pm, Wednesday morning from 7am and was open once a month on a Saturday between 9:30am and 11:15am for patients who could not attend during normal opening hours.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples reviewed 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 good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by the partners and management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended monthly staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients. The practice also provided minor surgery and gynaecological services to patients from local practices.

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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Patients aged over 75 were automatically booked a double appointment to allow sufficient time for their complex medical and social needs to be met.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients and where necessary their carers in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible; this included providing information about local social and exercise groups.

Good



People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable with the CCG and national averages. For example 82% of patients on the diabetes register had a blood pressure reading of 14/80 mmHg or less in the preceding 12 months, which was comparable with the CCG and national average of 78%. Exception reporting was 5%, which was lower than the CCG and national average of 9%.

Good



Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans and medicines were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Childhood immunisation rates for the vaccinations given were comparable to the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%, the practice achieved between 84% and 85% in these areas. These measures can be aggregated and scored out of 10, with the practice scoring 8.5 (compared to the national average of 9.1).
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital, the practice liaised with the health visitor and provided home visits when necessary.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Summary of findings

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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments.
- 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 telephone consultations at differing times throughout the day.
- The practice was a part of the local HUB which provided GP and nurses appointments on weekday evenings and on weekends when the practice was closed.

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 with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments and priority appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.
- All staff had received vulnerable adults training.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- The practice carried out advance care planning for patients living with dementia.
- Alerts were put in the patient notes to highlight these patients to staff members so that appropriate support could be provided at each point of contact.
- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is above the CCG average of 82% and the national average of 84%. Exception reporting was 9% compared to the national average of 7%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia; these patients were given double appointments and priority access to appointments.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan documented in their record compared to the CCG average of 91% and the national average of 89%. Exception reporting was 18% compared to the national average of 13%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and eighty five survey forms were distributed and 117 were returned. This represented 1.4% of the practice's patient list.

- 87% of patients described the overall experience of this GP practice as good compared with the CCG average of 80% and the national average of 85%.
- 78% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 76%.
- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 64 comment cards which were all positive about the standard of care received. There was a recurring theme of friendly, caring and helpful staff.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed, caring and always took the time to listen to them. The practice took part in the Friends and Family Test, during the months of October to December 2016 100% of patients stated that they were extremely likely to recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Review systems for identifying and recording carers to ensure appropriate support is provided to them.
- Follow through with plans for the external legionella risk assessment.
- Review fire safety systems to include regular fire drills.

Wood Lane Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was supported by a GP specialist adviser.

Background to Wood Lane Medical Centre

Wood Lane medical Centre is located in a converted terraced house in Havering and is a part of NHS Havering Clinical Commissioning Group (CCG). The practice has good transport links and there is free parking on surrounding roads.

There are 8200 patients registered at the practice, 50% of patients have a long term condition which is similar to the CCG and national average of 51% and 54%. The practice has a lower number of unemployed patients than the CCG and national average at 2% compared to 4% and 5% retrospectively.

Based on data available from Public Health England (PHE), the practice is located in one of the fourth most deprived decile areas. The level of deprivation within the practice population group is rated as four on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

The practice has two male and two female GP partners and three sessional GPs who complete a combined total of 31 sessions per week, there are three female practice nurses including a nurse Independent Prescriber who complete 22 sessions per week and a practice pharmacist. There is a practice manager and 10 reception/administration staff members.

The practice operates under a Personal Medical Services (PMS) contract (a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract).

The practice is open Monday to Friday between 8am and 6:30pm except on a Wednesday when it opens at 7am. The practice also opens on one Saturday per month from 9:30am to 11:15am. Phone lines are answered from 8am and appointment times are as follows:

- Monday 8am to 12pm and 1:30pm to 6:45pm.
- Tuesday 8am to 12:15pm and 2pm to 7:45pm.
- Wednesday 7am to 12:20pm and 2pm to 6pm.
- Thursday 8am to 12:20pm and 3pm to 5:50pm.
- Friday 8am to 12:20pm and 2pm to 6:20pm.
- Saturday (one per month) 9:30am to 11:15pm.

The locally agreed out of hours provider covers calls made to the practice whilst the practice is closed.

Wood Lane Medical Centre operates regulated activities from one location and is registered with the Care Quality Commission to provide treatment of disease, disorder or injury, surgical procedures, diagnostic and screening procedures, family planning and maternity and midwifery services.

Why we carried out this inspection

We inspected this service as part of our comprehensive programme. This location had not previously been inspected.

Detailed findings

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 19 January 2017. During our visit we:

- Spoke with a range of staff including GPs, a nurse, managers and reception/administration staff members. We also spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living with dementia)

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there had been seven significant events recorded in the preceding eight months. We saw a significant event regarding a patient who continued being prescribed a medicine for three months after their blood test results were within normal range, which means the medicine should have been stopped. We viewed minutes of meetings where this was discussed and measures put in place to prevent such an incident from happening again, which included alerts being put on patient records to remind clinicians to check blood test results and prompts put on the system at the point of prescribing. We saw that the patient was contacted and received an apology and explanation.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff in hard copy and on the practice's computer system. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP partner lead member of staff for safeguarding. We reviewed a safeguarding record and saw that the practice provided safeguarding reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three and non-clinical staff were trained to level one.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice manager who had a nursing background was the infection prevention and control (IPC) lead and was supported by one of the practice nurses who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines such as methotrexate, which requires regular blood monitoring and can be used for the treatment of rheumatoid arthritis. We saw a prescribing policy for this medicine and regular routine searches and reviews of patients on this medicine to ensure that patient prescribing was in line with current NICE guidelines.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received support from the medical staff for this extended role. Patient Group Directions (written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) had been adopted by the practice to allow nurses to administer medicines in line with legislation.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment but did not carry out regular fire drills. There were

designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice completed an in-house legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) and had an action plan which included regular monitoring of water temperatures. We saw that an external risk assessment was due to be completed in the next three months.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system and staff members booked annual leave at least four weeks in advance to ensure enough staff were on duty to meet the needs of patients. The practice carried out an analysis of appointment use to enable extra staff members including clinical staff to be on duty at times when the practice was the most busy for example during flu season.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on all computers in the practice which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises 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 stored securely.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building

Are services safe?

damage. The plan included emergency contact numbers for staff and copies were held by staff members' offsite so they could be accessed if there was limited access to the practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through peer review and regular discussions at clinical meetings.

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 94% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and national average of 95%.

The practice had an overall exception reporting rate of 5% compared to the CCG and national average of 6%. (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 QOF showed:

- Performance for diabetes related indicators was comparable with the CCG and national averages. For example 82% of patients on the diabetes register had a blood pressure reading of 14/80 mmHg or less in the preceding 12 months, which was comparable with the CCG and national average of 78%. Exception reporting was 5%, which was lower than the CCG and national average of 9%.
- Performance for mental health related indicators was above the CCG and national averages. For example 100% of patients with schizophrenia, bipolar affective

disorder or other psychoses had a comprehensive agreed care plan documented in their record in the preceding 12 months, which was higher than the CCG average of 91% and the national average of 89%. Exception reporting was 18%, which was slightly higher than the CCG average of 11% and the national average of 13%.

There was evidence of quality improvement including clinical audit:

- There had been three clinical audits commenced in the last two years, one of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, the practice had instituted a programme of continuous quality improvement in relation to their joint injection service. Each year they compared the clinical outcomes and patient feedback received for each type of joint injection with the aim of trying to improve their clinical effectiveness. Their programme showed improvement apart from the outcomes of injections for Golfer's elbow (this is a painful condition on the inside of the elbow). Following this a literature review was carried out and evidence found that this type of injection is less effective. The injection of Golfer's elbow was therefore suspended.

Information about patients' outcomes was used to make improvements such as: automatically giving all patients aged over 75 a double appointment so there is sufficient time during their consultations to deal with their complex issues and social needs.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and carrying out surgical procedures.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

Are services effective?

(for example, treatment is effective)

competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by attending update sessions, access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules externally facilitated training 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.
- From the sample of two documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice provide minor surgery and gynaecological services to patients from local practices, we saw that governance arrangements were in place to share consultations and results with the patients practice in a timely and safe manner.

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

consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, patients with cancer, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- A dietician was available from a local support group and smoking cessation advice was available on the premises.

The practice's uptake for the cervical screening programme was 86%, which was comparable with the CCG average of 82% and the national average of 81%. Exception reporting was 8%, which was comparable with the CCG average of 6% and the national average of 7%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the

Are services effective? (for example, treatment is effective)

screening programme by using information in different languages and they ensured a female sample taker was available. Alerts were also put on the patient record when they were due a cervical screening test to prompt any staff member who has contact with that patient to ask them to book the test. There were failsafe systems 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. For example 76% of women aged 50 to 70 were screened for breast cancer in the last 36 months, which was similar to the CCG average of 74% and the national average of 72%. Fifty nine percent of patients aged 60 to 69 were screened for bowel cancer in the last 30 months, which was similar to the CCG average of 57% and the national average of 58%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Childhood immunisation rates for the vaccinations given were comparable to the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%, the practice achieved between 84% and 85% in these areas. These measures can be aggregated and scored out of 10, with the practice scoring 8.5 (compared to the national average of 9.1).

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

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs, there was a notice at the reception desk advising patients of this.
- Patients could be treated by a clinician of the same sex.

All of the 64 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected, they also told us that they felt listened to and not rushed in consultations. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 86% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.

- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 89% and the national average of 92%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 95% of patients said the nurse was good at listening to them compared with the CCG average of 90% and the national average of 91%.
- 97% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Children and young people were treated in an age-appropriate way and recognised as individuals. Clinical staff demonstrated that they were aware of their responsibilities to carry out Gillick Competency Tests when necessary (used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

Are services caring?

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 80% and the national average of 86%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 100% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients where available and as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.
- Non choose and book referrals were dictated straight into the patient record and produced a referral letter

during the patient consultation, which increased the level of detail in the referral letter, practice transparency and change could be made to the letter if it was necessary.

- Health promotion videos and presentations were played in the patient waiting area.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 48 patients as carers (less than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Carers were offered timely and appropriate support and were offered same day appointments.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice maintained a list in the staff room area of recently deceased patients and the name of their next of kin and carers so staff were sensitive to their needs and could provide extra support where necessary.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday evening until 6:45pm, Tuesday evening until 7:45pm, Wednesday morning from 7am and was open once a month on a Saturday between 9:30am and 11:15am for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Patients aged 75 and over were automatically given a double appointment to give them enough time to meet all their needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Telephone consultations were available throughout the day.
- Patients were able to receive travel vaccines available on the NHS, those only available privately were referred to other clinics.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services, this was taken into account when planning the previous three practice extensions.
- The practice had considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

Access to the service

The practice was open Monday to Friday between 8am and 6:30pm except on a Wednesday when it opened at 7am. The practice also opened on one Saturday per month from 9:30am to 11:15am. Phone lines were answered from 8am, the practice offered 107 appointments per 1000 patients and appointment times were as follows:

- Monday 8am to 12pm and 1:30pm to 6:45pm.
- Tuesday 8am to 12:15pm and 2pm to 7:45pm.
- Wednesday 7am to 12:20pm and 2pm to 6pm.
- Thursday 8am to 12:20pm and 3pm to 5:50pm.
- Friday 8am to 12:20pm and 2pm to 6:20pm.
- Saturday (one per month) 9:30am to 11:15pm.

The locally agreed out of hours provider covered calls made to the practice whilst the practice was closed.

In addition to pre-bookable appointments that could be booked up to 12 weeks in advance, urgent appointments were also available for patients that needed them.

The practice was a part of the local HUB which provided GP and nurse appointments on weekday evenings and on weekends when the practice was closed.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mostly above the local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared with the CCG average of 70% and the national average of 76%.
- 92% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.
- 78% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 75% and the national average of 76%.
- 96% of patients said their last appointment was convenient compared with the CCG average of 90% and the national average of 92%.
- 78% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.

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

- 55% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 55% and the national average of 58%.

The practice was scored significantly higher than the CCG and national average for patients being able to easily access the practice by telephone. The practice carried out its own patient survey each year in corroboration with the GP patient survey and this was an area that they were consistently rated lower in, so they changed their telephone system to enable more calls to be able to enter the practice at the same time and introduced a system which told patients their telephone queue position.

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

The practice had a system to assess:

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

The name and contact details of patients requesting a home visit were given to a GP who contacted them to assess the urgency of need for a home visit. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, information was available on the practice website; there was a complaints poster in the patient waiting area and information about how to complain was in the practice leaflet.

We looked at a sample of three out of five complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, we viewed a complaint from a patient who felt hurried during their consultation. We saw that a meeting was held with the clinician and patient and an apology was given. A practice meeting was held where it was decided that the clinician would be given longer appointments for specialist examinations.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a clear 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 supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities of their peers.
- GPs and nurses had lead roles in key areas of chronic disease management. The practice had GPs with specialist interests in many areas including paediatrics, urology, geriatrics, dermatology and womens' health.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings and clinical meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice carried out regular safety walks where safety issues such as trip hazards were identified and mitigating actions put into place.
- We saw evidence from minutes of a meeting structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of two documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted monthly multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- We saw minuted evidence that the practice held monthly whole team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every 12 months. Minutes were comprehensive and were available for practice staff to view on the practices computer system and in hard copy.
- Staff said they felt respected, valued and supported, particularly by the partners and manager in the practice.

Are services well-led?

Good 

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

All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met quarterly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, as a result of requests from the PPG the practice changed the blinds that were on the front door and incorporated the comments box into the complaints box. The practice also involved the PPG in discussions it had with telephone service providers when it was going to change its provider.

- the NHS Friends and Family test, which was 100% positive and complaints and compliments received.
- staff through away days and staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, reception staff told us that they were involved in the design of the appointment system.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice provided minor surgery and gynaecology services to patients from local practices.