

# Woodlawn Medical Centre - Kudra

## 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?	Good	
Are services effective?	Requires improvement	
Are services caring?	Requires improvement	
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 Woodlawn Medical Centre on 2 March 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients we spoke to said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment; however, the National Patient Survey did not reflect this and the practice scored below the local and national average in several areas.
- Information about services and how to complain was available and easy to understand.
- Patients we spoke to and those who completed CQC comment cards said they found it easy to make an appointment with a named GP and that there was continuity of care; however, this did not align with the outcome of the National Patient Survey. Urgent appointments were available the same day.
- The practice had good facilities at the Woodlawn Medical Centre site and was well equipped to treat patients and meet their needs. However, not all facilities at the Oak Lane site were accessible to patients who were unable to use the stairs.
- There was a clear clinical leadership structure; however, the interim division of the practice manager role amongst several members of staff whilst the practice tried to recruit a new practice manager meant that administrative staff did not have a clear line of accountability and there was some ambiguity about the responsibility for certain tasks. Since the inspection the practice has appointed a practice manager. The practice proactively sought feedback from staff and patients, which it acted on.

# Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour.

There was one area where the provider must make improvements:

- They must ensure that they are taking action to evaluate and improve the effectiveness of their clinical systems and the service provided to patients.

In addition, the provider should:

- Ensure that all staff keep up to date with mandatory training.
- Take action to ensure that they are taking suitable steps to identify as many carers as possible.
- Review the results of the NHS patient survey and consider what action they need to take to address areas where they scored below average.

- Ensure that all staff are involved in discussions around the running of the service.
- Consider ways in which the Oak Lane site could be made more accessible to patients unable to use stairs.
- Ensure that all staff are aware of the location of panic buttons.
- Ensure that all staff are aware of how to use the electronic record system effectively.
- Ensure that processes are in place to ensure that new members of staff receive a comprehensive induction.

**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.

Good



- 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 had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse; however, not all risks to the safety of patients and staff had been identified and mitigated. For example, at the time of the inspection, the practice had not ensured that electrical equipment had been checked for safety. They had also not mitigated the risk of having to respond to a medical emergency at one of their sites. Both of these issues were addressed immediately after the inspection.

### Are services effective?

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

Requires improvement



- 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 in most cases delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement; however, the practice had not completed the audit cycles to measure the impact of the improvements they had put in place.
- 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, however, not all staff members were up to date with mandatory training.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

# Summary of findings

## Are services caring?

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

- Data from the National GP Patient Survey showed patients rated the practice lower than others for some aspects of care. For example, 64% of patients described their overall experience of the surgery as good, compared to a CCG and national average of 85%, and 55% of patients said they would recommend the practice to someone new to the area compared with a CCG average of 81% and national average of 78%. However, this did not correspond with the Friends and Family Test, which the practice had received a consistently high score for; the most recent Friends and Family Test results for the practice showed that 94% of respondents would recommend the practice to someone new to the area.

The percentage of patients at the practice who said that the last GP they saw was good at giving them enough time was 69%, compared to a CCG average of 86% and national average of 87%. Seventy percent of patients said the last GP they saw was good at listening to them, compared to a CCG and national average of 89%. Sixty-seven percent of patients at the practice said that the last GP they saw was good at explaining tests and treatments, compared to a CCG average of 87% and national average of 86%.

We saw evidence that the results of the survey had been discussed in a practice meeting and that in some areas actions had been identified to address low scores, for example, they had provided customer service training to reception staff in order to address concerns about how helpful patients found the receptionists; however, there was little evidence that areas of concern regarding patients' interactions with GPs had been addressed. The practice had not discussed the results of the survey with the PPG in order to gather their ideas about how the practice could do better.

- Patients we spoke to and those who completed the CQC comment cards 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. The practice did not have a website at the time of the inspection but we were told that they were in the process of transitioning between their old website and a new site which was due to be launched imminently.
- The practice had identified 24 carers, which represented less than 1% of the practice list.

## Requires improvement



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, they had reviewed A&E attendances by their patients and noted high attendance for children aged under five and adults aged over 75 years. In response to this, they had changed their appointment booking process to provide same-day appointments to all children under five and adults over 75 years, and at the same time had educated patients about when it was appropriate to attend A&E. This had resulted in a reduction in A&E attendances for patients under 5 years of approximately 80% between September 2014 and April 2015.
- 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.
- The practice had good facilities at the Woodlawn Medical Centre site and was well equipped to treat patients and meet their needs. However, the minor surgery room (located on the first floor at the Oak Lane site) was not accessible to patients who were unable to use the stairs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for being well-led.

Good



- The practice did not have a written vision or strategy. The partners were able to describe their vision for the practice; however, their ability to implement their vision was dependent on the future of one of the practice sites, which was uncertain and had been for some time.
- Not all staff were aware of the practice's vision; however, the practice had a clear ethos to deliver high quality care and promote good outcomes for patients, and this was shared by all staff we spoke to.
- There was a clear clinical leadership structure; however, the interim division of the practice manager role amongst several

# Summary of findings

members of staff whilst the practice tried to recruit a new practice manager meant that administrative staff did not have a clear line of accountability and there was some ambiguity about the responsibility for certain tasks.

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

# Summary of findings

## The six population groups and what we found

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

### Older people

The provider was rated as requires improvement for the Effective and Caring domains. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients aged 75 and over had a named GP.
- Same-day urgent appointments were available for all patients aged 75 and over.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were comparable to local and national averages. For example, of patients with hypertension who had a record of blood pressure reading in the past 12 months, 83% had blood pressure that was well managed, compared to a CCG average of 83% and national average of 84%. All of the practice's patients aged over 75 with a record of a fragility fracture and a diagnosis of osteoporosis were treated with an appropriate bone-sparing agent, compared to a CCG average of 96% and a national average of 93%.
- The premises at the Woodlawn Medical Centre site was suitable for older people; however, not all facilities at the Oak Lane site were accessible to patients who were unable to use stairs.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for the Effective and Caring domains. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice had identified 134 patients as being at high risk of unplanned hospital admission (approximately 3% of their patient list) and had completed care plans for each of these patients.
- The practice's overall performance in relation to long-term conditions was comparable to CCG and national averages. For example, QOF achievement for the percentage of patients with hypertension who had well controlled blood pressure was 83%,

**Requires improvement**





# Summary of findings

compared to a CCG average of 83% and national average of 84%. For asthma indicators, the practice achieved 100% overall performance compared with a CCG and national average of 97%, and the practice had recorded having carried-out a review in the preceding 12 months of 92% of patients with chronic obstructive pulmonary disorder (COPD), compared to a CCG average of 92% and national average of 90%.

- The practice's overall performance in relation to diabetes indicators was above CCG and national averages at 98% of the total QOF points available, compared with an average of 90% locally and 89% nationally. In particular, the number of diabetic patients who had well controlled blood pressure was 86% (CCG average was 79% and national average was 78%); the proportion with well controlled blood sugar levels (IFCC-HbA1c 59mmol/mol or less) was 79%, compared to a CCG average of 71% and national average of 70%; and the proportion with a record of a foot examination and risk classification in the preceding 12 months was 97% (CCG average 90%, national average 88%). The percentage of diabetic patients who had received influenza immunisation was 97% (CCG average 90% and national average 94%).
- Longer appointments and home visits were available when needed.
- 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 provider was rated as requires improvement for the Effective and Caring domains. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to CCG averages for all standard childhood immunisations.
- 80% of patients diagnosed with asthma had received an asthma review in the past 12 months, compared to a CCG average of 74% and 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.

**Requires improvement**



# Summary of findings

- Data showed that 82% of eligible patients at the practice aged 25-64 had a record in their notes that a cervical screening test had been performed in the preceding 5 years, which was the same as the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

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

The provider was rated as requires improvement for the Effective and Caring domains. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- At the time of the inspection the practice was without a website, as they were in the process of launching a new site; however, it had ensured that online appointments and repeat prescription requests could still be accessed via the NHS Choices website.

**Requires improvement**



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

The provider was rated as requires improvement for the Effective and Caring domains. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

**Requires improvement**



# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

The provider was rated as requires improvement for the Effective and Caring domains. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice had 33 patients diagnosed with dementia and 100% had had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG and national average of 84%.
- The practice had 33 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 100% of these patients, compared to a CCG average of 92% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out care planning for patients with dementia; however, these plans were not easily available for staff to view.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

**Requires improvement**



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below local and national averages. 348 survey forms were distributed and 100 were returned. This represented approximately 2% of the practice's patient list.

- 65% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 71% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 64% described the overall experience of their GP surgery as fairly good or very good (CCG average 74%, national average 73%).
- 55% 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%).

We saw evidence that the survey results had been discussed in a practice meeting and that actions had been identified to address some of the areas where the

practice had scored poorly. For example, the number of telephone appointments had been extended to enable GPs to consult with an increased number of patients, and the practice had provided customer service training to reception staff in order to improve patients' experience of the practice.

We reviewed the practice's most recent Friends and Family Test results, which did not correspond with the results of the NHS Patient Survey. The practice had received a consistently high score for the Friends and Family Test, with the most recent results showing that 94% of respondents would recommend the practice to someone new to the area.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards which were all positive about the standard of care received. Patients commented that they felt that staff at the practice took the time to get to know them as individuals and that they felt well cared for and supported.

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

# Woodlawn Medical Centre - Kudra

## 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 Woodlawn Medical Centre - Kudra

Woodlawn Medical Centre provides primary medical services in Richmond to approximately 4300 patients, and are one of 29 practices in Richmond Clinical Commissioning Group (CCG).

The practice population is in the third least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 15%, which is higher than the CCG average of 9%, and for older people the practice value is 14%, which is also higher than the CCG average of 11%. The practice has a higher population of people aged between 30 and 49 years than the national average and a lower proportion of patients aged 74 years and over. Of patients registered with the practice, the largest group by ethnicity are White (74%), followed by Asian (17%), mixed (4%), black (3%) and other non-white ethnic groups (2%).

The practice operates from two sites. The main site (Woodlawn Medical Centre) is a converted residential premises, which had been extended. All patient facilities are at ground floor level. At this site there are two doctors' consulting rooms, a nurse consulting room and a

healthcare assistant consulting room. The branch site (Oak Lane) is a purpose built premises over three floors. On the ground floor is a reception area, waiting room, doctor's consulting room and nurse's consulting room. The first floor is reached via a flight of stairs and consists of a minor surgery room; there are also several further consulting rooms on this floor which are not currently in use by the practice. The second floor of the building is not accessible to the practice.

The practice team at the surgery is made up of one full time male partner and one full time female partner, one part time female salaried GP, two part time long-term locum GPs, one part time female nurse and a part time female healthcare assistant. The practice team also consists of a secretary and five members of reception/administrative staff. The practice is in the process of recruiting a practice manager and currently has two locum members of staff (including the previous practice manager) providing support on a part-time basis. All members of staff work over the two sites. In total the practice offers 20 GP sessions per week over both sites.

The practice operates under a General Medical Services (GMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice is open between 8:00am and 6:30pm every week day apart from Tuesdays when the practice closes at 1:30pm. Appointments are from 9:10am to 11am every morning and from 4:00pm to 6:30pm every afternoon apart from Tuesdays. Extended hours surgeries are offered between 6:30pm and 8:30pm on Mondays.

# Detailed findings

When the practice is closed patients are directed to contact the local out of hours service.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; maternity and midwifery services; treatment of disease, disorder or injury; surgical procedures; and family planning.

## 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 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.

The practice had not been previously inspected.

## 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 2 March 2016 during which we inspected both the main practice (Woodlawn Medical Practice) and the branch site (Oak Lane Medical Centre).

During our visit we:

- Spoke with a range of staff including GPs, nursing staff and administrative staff, and spoke with patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the principal GP 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.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. We saw examples of changes being made to processes following safety incidents, however, whilst we saw evidence that incidents had been discussed in staff meetings, the minutes we saw lacked sufficient detail to record exactly what was discussed and the actions agreed.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Child Safeguarding level 3. Nursing staff were trained to Child Safeguarding level 2. All other staff were trained to Child Safeguarding level 1.
- 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 clean and tidy. The principal GP partner was the infection control clinical lead, supported by the practice nurse who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice nurse had received up to date training, which she disseminated to other staff. Staff we spoke to were able to describe infection control processes relevant to their role.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Patient Specific Directions were in place to enable Health Care Assistants to administer vaccinations (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- 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.



## Are services safe?

- 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 with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Clinical equipment was checked annually to ensure it was working properly. The practice did not conduct checks of electrical equipment to ensure the equipment was safe to use; however, this was raised during the inspection and we were provided with evidence that the necessary checks were completed within three days of the inspection. 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.

### Arrangements to deal with emergencies and major incidents

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

- There were panic buttons in each of the consultation rooms, however, not all staff knew where these were located.
- All staff received annual basic life support training and there were emergency medicines available in the treatment rooms on both sites.
- The practice had a defibrillator available on the premises at the Woodlawn Medical Centre site. At the time of the inspection they did not have a defibrillator at the Oak Lane site, but following feedback during the inspection, one was purchased the following day. Oxygen with adult and children's masks was available at both sites.
- 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 or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice told us that when medicines updates and alerts were received they conducted a search of their patient records system to identify patients who may be affected; however, GPs could not provide a recent example of an alert that they had acted on.

### 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 100% of the total number of points available, with 4% 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;

- The practice's overall performance in relation to diabetes indicators was above CCG and national averages at 98% of the total QOF points available, compared with an average of 90% locally and 89% nationally. In particular, the proportion of diabetic patients who had well controlled blood pressure was 85% (CCG average was 79% and national average was 78%); the proportion with well controlled blood sugar levels (IFCC-HbA1c 59mmol/mol or less) was 79%, compared to a CCG average of 71% and national average of 70%; and the proportion with a record of a foot examination and risk classification in the preceding

12 months was 97% (CCG average 90%, national average 88%). The percentage of diabetic patients who had received influenza immunisation was 97% (CCG average 90% and national average 94%).

- The percentage of patients with hypertension who had well controlled blood pressure was 83%, the CCG average was 83% and the national average was 84%.
- Performance for mental health related indicators was above the CCG and national average. All patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG and national average of 84%. The practice had recorded a comprehensive care plan for 100% of patients with schizophrenia, bipolar affective disorder and other psychoses, compared to a CCG average of 92% and national average of 88%.

Clinical audits demonstrated quality improvement.

- There had been eight clinical audits conducted in the last two years and findings were used to improve services; however, the practice had not assessed the effectiveness and impact of the measures put in place and they had not completed any full audit cycles during the two year period we looked at.
- One example of an audit undertaken by the practice looked at obesity in their patient population to ensure that they had a current body mass index (BMI) score recorded for these patients and that patients in this category had received appropriate advice and treatment. As a result, the practice had identified the need to record BMI for all new patients who registered at the practice. They also identified a list of patients who had not been offered weight loss advice or referral for bariatric surgery where appropriate and undertook to contact these patients for review. The practice had scheduled a re-audit for six months after the initial audit to measure the impact of the measures they had put in place.
- The practice participated in local audits and national benchmarking. For example, we saw evidence that the practice's prescribing performance was comparable to other practices in the locality.

### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

- The practice had a formal induction programme for new staff members. The practice had an information pack for locum GPs, which contained the information necessary for a locum member of staff to familiarise themselves with local processes and procedures.
- 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 received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals and discussions with staff members. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work; however, the practice did not maintain a system to alert them to when training updates were due, and we found that some staff were not up to date with mandatory training. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic life support, and Mental Capacity Act awareness; however, we saw no evidence that training on fire procedures or information governance awareness had been provided.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was recorded; however, this was not always saved in an accessible way; for example, we found that some staff had difficulty locating where patient care plans were saved on the practice's patient record system.

- Information such as NHS patient information leaflets were 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 they moved between services, including when they were referred, or (for patients who were identified as being at risk from unplanned hospital admission) after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

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

### 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.
- Smoking cessation advice was available from the healthcare assistant.

The practice's uptake for the cervical screening programme was 82%, which was the same as the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice encouraged its patients to attend national programmes for bowel and breast cancer screening when they attended the surgery for other appointments; however, they did not have a formal system of issuing reminders.

# Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 96% and five year olds from 54% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and 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 helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 47 patient Care Quality Commission comment cards we received were positive about the clinical care received at the practice, with two cards also mentioning difficulties in making appointments and getting through to the practice by phone. 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 four members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed that the practice scored below average for the proportion of patients who felt they were treated with compassion, dignity and respect. For example:

- 70% said the GP was good at listening to them compared to the CCG and national average of 89%.
- 69% said the GP gave them enough time (CCG average 86%, national average 87%).
- 90% said they had confidence and trust in the last GP they saw (CCG and national average 95%).
- 65% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).

- 86% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91% and national average 91%).
- 81% said they found the receptionists at the practice helpful (CCG and national average 87%).

The practice reported that they had considered the survey results but were puzzled as they did not align with the individual feedback they received from patients or with the results of the Friends and Family Test which had consistently shown that most patients who responded would recommend the practice to someone new to the area (the most recent results showed that 94% of respondents were likely or extremely likely to recommend the practice). We saw evidence that the results of the survey had been discussed in a practice meeting and that in some areas actions had been identified to address low scores, for example, they had provided customer service training to administrative staff in order to address concerns about how helpful patients found the reception staff; however, there was little evidence that areas of concern regarding patients' interactions with GPs had been addressed. The practice had not discussed the results of the survey with the PPG in order to gather their ideas about how the practice could do better.

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

Patients we spoke to on the day of the inspection 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.

However, results from the national GP patient survey showed that the practice scored below the local and national average in this area. For example:

- 67% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 61% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%).

## Are services caring?

- 73% said the last nurse they saw was good at involving them in decisions about their care (CCG average 81% , national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

### **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 24 carers, which represented less than 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had conducted a review of A&E attendance for their patients and found this to be high amongst patients aged under five years and over 75 years. In response to this, the practice had changed their appointment booking process to provide same-day appointments to all children under five and adults over 75 and at the same time had educated patients on when it was appropriate to attend A&E. Data on A&E attendance for children under 5 showed that between 1 July and 30 September 2014 there were approximately 1800 A&E attendances, and that following the implementation of the practice's new approach, this figure fell to approximately 350 attendances for the period 1 January to 31 March 2015, which was a decrease of approximately 80% and put the practice at the lowest rate in the CCG.

- The practice offered a 'Commuter's Clinic' on a Monday evening until 8.30pm 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.
- Same day appointments were available for children and those with serious medical conditions.
- The practice had registers of patients at high risk of hospital admission and patients with other vulnerabilities such as those with learning disabilities, poor mental health, dementia and long-term conditions. However, not all staff were able to demonstrate how they would apply flags to the system to identify these patients.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Following problems with the reliability of the local hospital's visiting phlebotomist, the practice had employed a phlebotomist themselves.
- Translation services were available both face to face and by phone.

- Facilities at the Woodlawn Medical Centre site were all at ground floor level. At the Oak Lane Medical Centre site facilities were split over two floors. The reception and waiting areas, along with a GP and nurse's consultation rooms were at ground floor level and accessible to those unable to use stairs, however the minor surgery room was on the first floor and could only be accessed via a flight of stairs. The practice explained that they would like to install a lift in the building, but that the landlord had refused to grant them permission.

### Access to the service

The practice was open between 8:00am and 6.30pm every week day apart from Tuesdays when the practice closed at 1:30pm. Appointments were from 9:10am to 11:00am every morning and from 4:00pm to 6:30pm every afternoon apart from Tuesdays. Extended hours surgeries were offered between 6:30pm and 8:30pm on Mondays.

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

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

- 63% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 65% patients said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).
- 63% patients said they always or almost always see or speak to the GP they prefer (CCG average 60%, national average 59%).

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

### 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.

# Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system, for example, a poster was available in the waiting area.

We looked at four complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient complained that they had arrived early for an appointment, but had then been told that they had got the time of the appointment

wrong and that they were in fact late for the appointment. Although the patient had still been seen by the doctor, they had complained that the reception staff had been rude. Whilst the practice could not establish whether it had been them or the patient who had been mistaken about the appointment time, following the incident they had put a protocol in place for reception staff to always repeat the appointment date and time when an appointment was booked. They also provided customer service training to reception staff to enable them to develop their skills in conflict resolution.



# 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 did not have a written vision or strategy. The partners were able to describe their vision; however, their ability to develop a strategy to implement it was significantly impacted by the uncertainty over the future of the Oak Lane premises.

The practice had a clear ethos to deliver high quality care and promote good outcomes for patients, and this was shared by all staff we spoke to; however, not all staff were aware of the practice's vision.

### 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 in place and ensured that:

- There was a staffing structure in place and that staff were aware of their own roles and responsibilities. However, the temporary division of the practice manager role between several members of staff had resulted in some ambiguity over who was responsible for certain areas, and some staff also reported a lack of continuity with regards to team meetings and channels for information sharing.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the clinical performance of the practice was maintained; however, there was limited evidence to demonstrate that the results of the national patient survey had been analysed and addressed.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements; however, the impact of improvements was not being measured by re-audit.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. The practice did not have a practice manager at the

time of the inspection and were in the process of recruiting to the role; however, they were having difficulty attracting a suitable candidate. The practice had secured some practice management support from locum staff on a part time basis and had divided some of the practice management roles between the partners and the nursing staff.

The partners were visible in the practice and staff told us they were approachable and always 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.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

There was a clear leadership structure in place for the clinical leadership of the practice; however the absence of a practice manager was having some impact on the practice's ability to provide consistent leadership to administrative staff. Despite this, staff reported that they felt supported by the partners.

- Staff told us the practice held regular 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.



# Are services well-led?

Good 

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

- There was an active PPG which met regularly and gave feedback on proposed developments at the practice. For example, due to the difficulties the practice had experienced in getting permission to develop the Oak Lane site, they had proposed to stop offering a service there; however, following feedback from the PPG on this proposal the practice had agreed to keep the Oak Lane site open.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, one member of staff told us that they had suggested re-arranging the information displayed in the waiting area to make key information more visible, and that this had been agreed. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

## 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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The practice did not do all that was reasonably practicable to monitor, evaluate and improve the effectiveness of their clinical systems or the service provided to patients.</p> <p>This was in breach of regulation 17 (1)(2)(a)(b)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	