

Woodside 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 Woodside Medical Centre on 11 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 an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice used innovative and proactive methods to improve patient outcomes. For example, the GPs shared an online tool that was regularly updated when new evidence or local guidance was published. GPs reviewed information and commented and shared any learning points. Where relevant this information contributed to the practice's agendas for team meetings.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Practice staff reviewed the needs of its local population to secure improvements to services where these were identified.
- Information about services and how to complain was available and easy to understand.
- Improvements were made to the quality of care as a result of complaints and concerns.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. They had changed appointment availability by adjusting GP sessions on different days of the week to focus clinical activity appropriately and as a result, they found that the demand for routine appointments had significantly reduced.
- Patients said they found it easy to make an appointment with a 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.

Summary of findings

- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Recruitment checks to include pre-employment health declarations and staff immunisation status.
- The practice to complete regular fire drills and to document attendees.

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 things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse.
- There were systems in place for the safe recruitment of staff with the exception of a staff health declaration and records of staff immunity and vaccination status.
- Systems were in place to ensure that patients who experienced a medical emergency received appropriate care and treatment.
- NHS property services were responsible for the building risk assessments. The practice needed to complete regular fire drills and to document who attended.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average in most areas.
- QOF results for 2015/16 showed that the practice had achieved 100% of the total number of points available.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- There were numerous clinical audits completed which demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- All staff had received an appraisal within the last 12 months.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey published in July 2016 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 4.4% of patients on the practice list as carers.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice offered extended hours locally in Tile Hill via the Coventry and Rugby GP Alliance. These appointments were available every evening from 6.30pm to 9.30pm, Monday to Friday and on Saturday and Sunday mornings for all registered patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice provided a GP service in term time to a local college for young people with additional needs.
- GP services were provided for 47 patients in local care homes.
- There were disabled facilities, a hearing loop and translation and interpreter services available.
- The practice provided a GP service to a women's refuge of 20 people including children.
- The practice signposted carers to a weekly carers' meeting held in the practice building.
- 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.
- The practice worked with the local community to support patients and provided a signposting service.

Good



Summary of findings

- The practice provided annual retinal screening for diabetic patients.
- The practice had a long established proactive approach to social isolation and provided a tea and talk service that had run for the past 15 years, made accessible by the local ring and ride service.
- The practice area included higher than average unemployment rates within Tile Hill. The practice signposted patients to a weekly 'Jobs Club' held at the nearby church. The practice ethos was to support patients as much as possible when they were not working. Patients were encouraged to have a timely reintroduction to work to improve both their physical and psychological outcomes.

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 enthusiastic and motivated and clear about the vision and their responsibilities in relation to it.
- The practice had developed a business plan, which had included their recent merger with another practice, this aimed to reflect the vision and values of the practice and drive forward changes required.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings.
- Staff reported that communication within the practice was excellent the practice held a variety of regular meetings. We saw that these meetings were minuted and available for staff to access.
- 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 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 practice were participants in clinical research studies with Warwick University research team members.

Good



Summary of findings

The six population groups and what we found

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

Older people

Good



The practice is rated as good for the care of older people.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. This included arranging joint home visits, nurses providing the housebound influenza vaccinations and both practice and home based chronic disease reviews.
- Double appointments were offered for patients with complex needs and the practice liaised closely with community teams to meet their needs.
- The practice provided a named accountable GP for patients aged over 75 years with urgent appointments available the same day.
- GP services were provided for 47 patients in local care homes.
- Care plans were in place and agreed for those patients identified as being at high risk of admission / re-admission. The practice used the care plan process as an opportunity to raise levels of care in terms of helping the individual, the carers and broaching difficult topics such as resuscitation status. If a person specified a preference this was documented in their record and the patient retained a copy. Patients on a care plan were invited to use a designated phone line to contact the practice.
- The practice influenza vaccination rate was 66% for this group, above the national average of 58% and their vaccination policy extended to pneumococcal and shingles provision with a robust recall in place. The practice shingles vaccinations were currently at 15.5% for routine and 36.5% for catch up vaccinations.
- The practice had established a carers' register, with 461 patients listed (4.4% of the practice list). and signposted carers to a weekly carers meeting in the practice building.
- The practice had a long established proactive approach to social isolation and provided a tea and talk service that had run for the past 15 years, made accessible by the local ring and ride service.
- The practice demonstrated awareness of the issues surrounding polypharmacy (patients on multiple medicines), and effects on quality of life and had a 100% record for polypharmacy reviews in the 12-month period.

Summary of findings

- The practice accessed the city wide 'Integrated Neighbourhood Team' that identified the benefit of social prescribing in the older population and members of the multi-disciplinary team included physiotherapists, occupational therapists and community nurses.

People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance rates for all of the diabetes related indicators were comparable or above local and national averages. For example, 86% of patients with diabetes had received a recent blood test to indicate their longer-term diabetic control was below the highest accepted level, compared with the Clinical Commissioning Group (CCG) average of 79% and national average of 78%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had had a review in the preceding 12 months was 96%; this was higher than the CCG average of 91%, and national average of 90%.
- Longer appointments and home visits were available when needed.
- All these patients had 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.
- The practice provided smoking cessation support and signposted patients to practice based and citywide education groups for long-term conditions. These included pharmacy outreach, respiratory and cardiac rehabilitation. This enabled patients to make informed lifestyle choices.
- The practice team regularly used resources to actively engage with other community teams and secondary care. This included National Institute for Health and Care Excellence (NICE) guidance, GP gateway, email, Advice and Guidance and informal telephone conversations and internally in the use of their app/tool to share best practice.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice provided a family planning service.
- The practice's uptake for the cervical screening programme was 81%, which was comparable with the CCG and national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had an effective system in place to follow up children who failed to attend for their immunisations. Children who did not attend for appointments were discussed in a weekly clinical meeting and followed-up as appropriate.
- The practice held a safeguarding register and recorded all outside agency requests for information via secure email to enable clear auditable data.
- The practice vaccination rate for pregnant women was 61%, almost double the national rate of 31.8%.
- In teenage pregnancy, patients could access the family nurse partnership scheme, where a nurse offers regular visits to parents throughout pregnancy up to the child's second birthday.
- The Tile Hill area was part of a pilot scheme of increased Health Visiting services and the practice meet with their designated health visitor each Friday. They exchanged any concerns and acted on any issues that they or the midwife may have picked up at a weekly integrated team meeting held between them and the social care and children's centre members.
- The local practice area was supported by a children's centre that provided help for families, breastfeeding mothers, and baby groups.

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).

Good



- The needs of the working age population, those recently retired, students had been identified, and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Summary of findings

- The practice set up lunchtime telephone appointments and increasingly engaged with people by email.
- 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 appreciated the need to use all forms of media and two GPs had recently redeveloped the practice website to include Facebook access. The practice had awareness that where appointment access was an issue, patients sometimes sought advice treatment via A&E. The A&E attendance figures for the practice remained static in 2015/16 despite the increased number of patients arising from the practice merger. The practice remained in the bottom third in terms of attendance rates for the CCG but hoped that the further improvements they had made would have a positive impact.
- Patients had access to the service set up by the Coventry and Rugby GP Alliance for extended hours that allowed patient access to a GP from 6.30pm to 9.30pm Monday to Friday and on Saturday and Sunday mornings.
- NHS health checks were offered by letter for nurse led appointments. To date the practice had seen 17 % of patients attend.
- The practice area included higher than average unemployment rates within Tile Hill. The practice signposted patients to a weekly 'Jobs Club' held at the nearby church. The practice ethos was to support patients as much as possible when they were not working. Patients were encouraged to have a timely reintroduction to work to improve both their physical and psychological outcomes.

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 carers and those with a learning disability. This included registers of recorded domestic violence, child cause for concern, vulnerable adults and safeguarding.
- The practice provided carer support, signposting, information packs and held a carers' register.
- There were 30 patients on the practice learning disability register and they were offered an annual health check.
- The practice offered longer appointments for patients with a learning disability.

Good



Summary of findings

- The practice offered a term time GP service for a local college, which provided educational support for young patients with additional needs. They organised regular medicine reviews and the practice held a folder that patients could use to point to body parts and pictograms for communication support.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. A GP service was provided for a women's refuge and patients were able to register with an anonymous address. Many of these patients had complex needs and the staff accessed interpreters and liaised with other agencies to meet these needs.
- Patients of no fixed abode could register at the practice however; reception staff were unfamiliar with how they would document the patient onto their electronic systems. Reception staff said they would seek clarity from the GP partners.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice systematically identified patients who may have communication difficulties, to ensure they met their needs. and the practice complied with the requirements of the Accessible Information Standard.
- The practice had developed strong networks within the community such as the police and housing groups and used these to help identify vulnerable people.

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).

- Performance for mental health related indicators showed for example, the percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 94%. This was higher than the CCG average (86%) and national average 89%.
- 80% of patients diagnosed with dementia had had their care reviewed in a face-to-face meeting in the last 12 months, which was comparable with the CCG average of 81% and the national average of, 84%.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- One of the practice partners had qualifications in substance misuse and acted as the prescriber for substitution therapy in opioid dependence. The practice liaised with the Community Drugs Team (CDT).

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 above local and national averages. Two hundred and twenty-five survey forms were distributed and 117 were returned. This represented a 52% return rate.

- 90% of respondents described their overall experience of this GP practice as good compared to the Clinical Commissioning Group (CCG) average of 84% and the national average of 85%.
- 88% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% national average of 78%.
- 89% of respondents found it easy to get through to this practice by phone compared to the CCG and national average of 73%.

- 83% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 85%.

As part of our inspection, we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 71 comment cards all were positive about the standard of care received. Six of the 71 completed comment cards remarked on difficulty of telephone access and access to appointments. Patients told us staff were respectful, caring, kind, compassionate and treated them with dignity and respect. Patients said they were satisfied with the care they received and thought staff were friendly, professional, caring, polite and gave them enough time during consultations. We spoke with the patient participation group who were positive about their working relationship with the practice. They found the practice actioned and responded to issues raised and used patient feedback to improve services for patients.

Woodside Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser.

Background to Woodside Medical Centre

Woodside Medical Centre is registered with the Care Quality Commission (CQC) as a partnership provider in Tile Hill, Coventry. The practice completed its merger with a co-located practice in December 2016 and has a growing practice list. At the time of our inspection, the practice had 10,485 patients. The practice provides GP services to 47 patients who live in care homes, and during term time provides GP services to a local college for young people with additional needs. The practice is a teaching and training practice and has four qualified GP trainers; two have recently undergone additional training to support medical students who start at the practice in January 2017.

The practice is open between 8.30am and 6.30pm Monday to Friday. Patients can book appointments in advance and through the practice on-line appointment system. The practice offers extended hours locally in Tile Hill via the Coventry and Rugby GP Alliance. These appointments are available every evening from 6.30pm to 9.30pm, Monday to Friday and on Saturday and Sunday mornings for all registered patients. The practice does not routinely provide an out-of-hours service to their own patients but patients are directed to NHS 111, the out of hours service when the practice is closed.

The practice staff work a variety of full and part time hours, staffing comprises of:

- Five GP partners (three male, two female.)
- A female salaried GP due to become a GP Partner
- Five GP registrars.
- A practice nurse lead
- Three practice nurses
- One Healthcare assistant
- One business manager
- One patient services manager
- One reception lead
- Eight receptionists
- Two medical secretaries
- One prescribing clerk

The practice holds a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver General Medical Services to the local community or communities. They also provide some Directed Enhanced Services, for example, they identify patients who are at high risk of avoidable unplanned admissions. The practice provides a number of services, for example long-term condition management including asthma, diabetes and high blood pressure. The practice offers NHS health checks and smoking cessation advice and support.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 11 January 2017. During our inspection we:

- Spoke with a range of staff including GPs, nursing and administrative staff.
- Observed how patients were being cared for and spoke with the patient participation group.
- 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 Care Quality Commission 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 we spoke with were aware of their individual responsibility to raise concerns appropriately. On receipt of a significant event, the practice management team investigated the occurrence and shared learning with practice staff through practice meetings.

- We saw that when significant events were raised the occurrence was investigated thoroughly and measures were put in place to minimise the opportunity of less positive events reoccurring. The significant event recording forms used at the practice supported the recording of 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).
- In a 12-month period to December 2016, the practice had reported 14 events. Events were reviewed at weekly practice meetings, monthly staff meetings and annual multi-disciplinary meetings. The practice carried out a thorough analysis of all events and acted on any common themes identified. Copies of the spreadsheet data were circulated to staff and discussion took place around the events and learning from events cascaded.
- The practice had robust processes in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). We saw that the practice had clear systems in place to record the actions they had taken in response to alerts. These were actively managed by clinical staff. All safety alerts were discussed at the weekly meetings where the action required was agreed. If the alert required an audit, this was fed back to the GPs, and feedback on the actions taken by the GPs was recorded.

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 the risk of abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse. These arrangements reflected relevant legislation and local requirements. The practice had taken the opportunity

following a serious case review to review their safeguarding systems. The practice had established a safeguarding task list which was reviewed as a minimum every two weeks by at least two GPs to ensure consensus and that any important cases were flagged to the multi-disciplinary team as a formalised process with a dedicated administrator. This provided an auditable chain of receipt of information and the action taken by the GP. 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 and deputy lead members of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to at least child safeguarding level three. Meetings were held between the practice and multidisciplinary teams including health visitors to discuss those in their community thought to be vulnerable and those identified as having safeguarding needs.

- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role. Clinical staff had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse lead was the infection control clinical lead. There was an infection control protocol in place and staff had received infection prevention and control training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions, which included the review of high-risk medicines.
- The practice carried out regular medicine audits to ensure prescribing was in line with best practice guidelines for safe prescribing.

Are services safe?

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification and the appropriate DBS checks. There was a system in place for monitoring and checking the professional registration of GPs and nurses. However, gaps were noted in some but not all staff records. For example, pre-employment health declarations had not been completed by all staff and some records of staff vaccination and immunisations were missing. Subsequent to the inspection we received confirmation of clinical staffs' immunity status.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- Regular infection control audits were carried out and subsequent to the inspection we found that clinical staff were immunised against appropriate vaccine preventable illnesses.
- The practice had a written risk assessment for Legionella in 2016. (Legionella is a bacterium, which can contaminate water systems in buildings). The actions highlighted within the risk assessment were to be completed by NHS Property services.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice environment and premises were under the management of NHS Property Services who completed the fire risk assessments. We reviewed the fire log documentation held at the practice. The last fire risk assessment was completed in May 2016 and contained some actions to be completed by the practice and others by NHS Property Services. There was information as to whether these had taken place. We saw that the practice had contacted NHS Property Services on a number of occasions. During the inspection, the practice manager re-contacted NHS Property Services and subsequent to the inspection confirmed that remedial actions were in progress and it was agreed that a tenants' meeting would be facilitated. There was no evidence of a completed fire drill within the past 12 months. The practice manager assured us this would be completed as soon as possible following the inspection as the practice required the support of NHS property services who activate the buildings fire alarm systems.

Arrangements to deal with emergencies and major incidents

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

- There was a panic button and/or instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen with adult and children's masks and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- Emergency medicines were held in the practice and all the staff we spoke with knew of their location. We saw that all these medicines were in date.

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 to refer to.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice adhered to NICE guidelines but used them alongside local guidance and national systems. An example included that of obtaining faecal samples for faecal occult blood (FOB) tests. This test detects small amounts of blood in faeces. It was determined that locally the practice could not do this as per NICE guidance, but had alternative pathways. The practice had found that being knowledgeable about NICE did not help patients get correct timely investigations without knowledge of the local process in place. The GPs had a shared online app /tool 'Trello' that was regularly updated each time new evidence or local guidance was published. GPs reviewed information, commented, and shared any learning points. Where relevant this information update contributed to the practice agendas for team meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and computer searches of patient records. NICE guidelines were discussed at clinical and practice meetings to monitor and evaluate the changes required.

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 results published in October 2016 for 2015/16 showed that the practice had achieved 100% of the total number of points available, which was higher than the CCG average of 94.5% and national average of 95%.

QOF data from 2015/16 showed:

- Performance rates for all of the diabetes related indicators were comparable to or higher than local and national averages. For example, 86% of patients with diabetes had received a recent blood test to indicate their longer-term diabetic control was below the highest accepted level, compared with the CCG average of 79% and national average of 78%.
- The percentage of patients with asthma, who had an asthma review in the preceding 12 months, was 83%, which was above the CCG average of 77% and national averages of 76%. Clinical exception reporting was lower at 2%, compared with the CCG average of 4% and national average of, 8%, meaning more patients had been included.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had had a review in the preceding 12 months was 96%; this was higher than the CCG average of 91%, and national average of 90%. The practice exception reporting rate was 7%. This was lower than the CCG average of 11% and the national average of 11.5% meaning more patients had been included.
- Performance for mental health related indicators showed for example, the percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 94%. This was higher than the CCG average (86%) and national average 89%.

There was evidence of quality improvement including clinical audit:

- The practice provided an audit spreadsheet, which demonstrated that they had completed 13 audits and we reviewed three clinical audits completed in the last two years. These were completed audit cycles where the improvements made were implemented and monitored. Some single cycle clinical audits had been completed with plans for the second cycle audit cycles to take place.
- An audit had taken place on Osteoporosis. The overall practice prevalence was found to be 0.64%, 10 times the national average. (Osteoporosis is a condition that weakens bones, making them fragile and more likely to break). The practice wanted to ensure that patients who required treatment received it and whether further

Are services effective?

(for example, treatment is effective)

investigations such as a DEXA scan, were provided. (A DEXA scan is a special type of X-ray that measures bone mineral density). The practice found that patients were not correctly highlighted unless the fragility fracture code was manually entered onto the clinical system by the GPs. This was resolved by a regular reminder process at the practice meeting. The practice found on the second audit that the fragility fracture coding had improved and all patients identified had been offered DEXA scan where appropriate. To ensure that this continued, electronic searches were planned on a six monthly basis.

- The practice completed a single audit on patient deaths documentation in 2016. A quarterly audit was conducted and the records of the deceased patient were examined to see if they were in line with QOF indicators. Their findings were positive in areas such as actual place of death, discussion around the patient choice and do not resuscitate status, documented carer or next of kin and discussion with the nursing team. Areas for improvement for example were in patients where a terminal decline was documented for staff to discuss the diagnosis and preferred place of death. The recommendations from the audit were sent to GPs and nursing staff and discussed at the practice meeting. There were plans to repeat this audit to ensure improvements were made following these recommendations.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff and a GP locum pack. These covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and patient confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, we saw that nursing staff had completed courses for the management of long-term conditions such as diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. Staff who administered vaccines could

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us they had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, meetings and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, in-house training and to external training courses.

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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- We saw minutes which demonstrated that the practice had established regular weekly clinical meetings with multi-disciplinary teams, which included for example, the health visiting service, to share information relating to children with identified safeguarding concerns.
- The practice shared information with the out of hours service for patients nearing the end of their life and if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.
- The practice had developed strong networks within the community and used these to identify vulnerable people. For example, the practice provided a GP service to a women's refuge, and a local college for young people with additional needs.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The practice maintained a list of their patients who lived in care homes and a register of frail and vulnerable patients. This included patient's subject to authorised deprivation of liberty safeguards (DoLS), a community treatment order (CTO) and guardianships. (A CTO is a legal order made by the Mental Health Review Tribunal or by a Magistrate. It sets out the terms under which a person must accept medication and therapy, counselling, management, rehabilitation and other services while living in the community).
- 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.
- There was a policy in place to provide guidance to staff in obtaining consent. We saw that consent forms for minor surgery had been completed which included the benefits and risks of the proposed procedure.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term

condition and those requiring advice on their diet, smoking and alcohol cessation. The practice offered a smoking cessation service and signposted patients to appropriate services.

The practice's uptake for the cervical screening programme was 81%, which was the same as the CCG and national average. There was an effective system in place for recording, monitoring and chasing up of cervical screening results. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

We reviewed data from NHS England for the period 1 April 2015– 31 March 2016 which showed childhood immunisation rates for the practice. For example:

- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 93.5% to 97%.
- The rate for five year olds who had completed their first measles, mumps and rubella (MMR) immunisation was 100% when compared to the CCG average of 99% and national average 94%.
- The rate for five year olds who had a second MMR immunisation was 87% when compared to the CCG average of 95% and national average of, 88%.

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

We observed members of staff were compassionate 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 meaning 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.

We received 71 Care Quality Commission comment cards, all were positive about the standard of care received. Patients told us staff were respectful, caring, kind, compassionate and treated them with dignity and respect. They felt the practice listened and acted on to their concerns and suggestions. The majority of the patients comments cards said the practice was excellent and they were more than satisfied with the care they received. They reported staff were professional, caring, friendly, attentive and polite and staff gave them enough time during consultations.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice results were higher than the local and national averages for its satisfaction scores on consultations with GPs and the nursing staff. For example:

- 95% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national average of 89%.
- 93% of respondents said the GP gave them enough time compared to the CCG and national average of 87%.
- 99% of respondents said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 93% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 85%.

- 91% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 100% of respondents said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG and national average of 97%.

The reception staff results were in line with the local CCG and national averages:

- 88% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were for the GPs and nursing staff were higher than national averages. For example:

- 90% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 89% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 87% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.

Are services caring?

- Information leaflets could be made available in an easy read format for patients with a learning disability. According to the practice register, the practice supported 30 learning disabilities patients. The practice also provided a folder at the practice, which contained pictorial information to support communication between patients and their GP.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 461 patients as carers (4.4% of the practice list). Written information was

available to direct carers to the various avenues of support available to them. The practice signposted carers to a weekly carers' meeting held within the practice building. This meeting was founded originally with the help of one of the practices retired GP partners.

The practice had a proactive approach to patients at risk of social isolation and signposted people to an established tea and talk's service, which was accessible by the local ring and ride service. The practice accessed the city wide 'Integrated Neighbourhood Team' that identified the benefit of social prescribing in the older population and members of the multi-disciplinary team including physiotherapists, occupational therapists and community nurses.

Staff told us that if families had suffered bereavement, their usual GP contacted them and if appropriate signposted them to the local bereavement 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.

- There were longer appointments available for patients with a learning disability and patients who required them.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice. For example, they provided joint home visits with the nurses, who provided housebound patients with the influenza vaccinations and long-term condition reviews.
- Same day appointments were available for children and those patients with more urgent medical problems.
- Patients had access to telephone appointments with the GP or nurse.
- As a member of the Coventry and Rugby GP Alliance, the practice was able to offer extended hours appointments at Tile Hill. These appointments were available Monday to Friday 6.30pm to 9.30pm, Saturday, and Sunday mornings for all registered patients.
- Patients on care plans were provided with a dedicated emergency phone number.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately; the practice was a certified Yellow Fever centre.
- There were disabled facilities, a hearing loop, and translation and interpreter services were available. The practice demonstrated their awareness of meeting the Accessible Information Standard (AIS). All organisations that provide NHS care or adult social care are legally required to follow the AIS. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with health and social care services.
- The nursing team provided NHS health checks, weight loss and smoking cessation advice and support.
- The practice provided a family planning service.

- The practice had phlebotomy (blood taking) an electrocardiogram (ECG - a simple test used to check the heart's rhythm and electrical activity) and spirometry services available at the practice.
- Minor surgical procedures were undertaken at the practice, such as joint injections.
- One of the practice partners had qualifications in substance misuse and acted as the prescriber for substitution therapy in opioid dependence.
- The practice provided a GP service during term times to a local college who supported young people with additional needs.
- A GP service was provided for a women's refuge and patients were able to register with an anonymous address. Many of these patients had complex needs and the staff accessed interpreters and liaised with other agencies to meet these needs.
- The practice provided annual retinal screening for diabetic patients.
- A social group called Tea and Talk was formed with the practice 15 years ago. The group met weekly and was accessible to patients who required support to attend via the local ring and ride service.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Patients could book appointments in advance and through the practice on-line appointment system. The practice offered extended hours locally in Tile Hill via the Coventry and Rugby GP Alliance. These appointments were available every evening from 6.30pm to 9.30pm, Monday to Friday and on Saturday and Sunday mornings for all registered patients. The practice did not routinely provide an out-of-hours service to their own patients but patients were directed to NHS 111, the out of hours service when the practice was closed. The practice appreciated the need to use all forms of media and two GPs had recently redeveloped the practice website and its Facebook profile.

Following patient feedback, the practice had monitored appointment demand by ensuring all appointment requests were put onto their electronic system. They had noted how many extra appointments, telephone calls and visits were required and made changes accordingly. The practice's response to their findings was to increase their book- on- the- day appointments, offer telephone

Are services responsive to people's needs?

(for example, to feedback?)

appointments at lunchtime, and to change receptionist availability for phone and front desk. They had also adjusted GP sessions on different days of the week to focus clinical activity appropriately and as a result they found that the demand for routine appointments had significantly reduced.

Results from the national GP patient survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was above local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 89% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 73%.
- 81% of respondents described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice website and in the practice leaflet.

We looked at two of the complaints received to the practice and found they were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and from analysis of trends and action was taken to as a result to improve the quality of care.

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 provide the highest standard of holistic care to its patients. Staff we spoke with on the day of our inspection were enthusiastic and motivated and clear about the vision and their responsibilities in relation to it. The practice had a business plan in place, which had outlined their plans to merge with a co-located practice in 2016. The practice had not formalised their business plan beyond the merger.

The plan had included for example:

- A staff skill mix review to define their service requirements based on their findings for the registered population.
- Awareness and measures considered in respect of future succession planning.
- The practice to continue as an approved training practice under the West Midlands Vocational Training Scheme.

The practice had recognised forthcoming challenges and opportunities, these had included:

- Two merged teams smoothly becoming one. .
- Consideration of premise size and increased population growth.
- Improved use of technology to make the patient journey more satisfactory. Use of Facebook, email and mobile phone app tools.
- Considerations in the changes and transformations in healthcare provision and working with colleagues to achieve appropriate change that may benefit patients.
- The Patient Participation Group acted as challenge and a support and the practice wished to continue to engage fully with this group to ensure that it was providing the correct range of services for the local population.

The practice recognised its strengths as a team and that the practice retained staff at all levels and this provided continuity of care for patients. The practice had successfully recruited GPs who were their former GP registrars to the practice partnership.

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 clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Both clinical and internal administrative auditing was carried out both as mandatory monitoring but also as part of annual appraisals and development.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The GP 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 GP partners and the practice management were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure in place and staff spoke very positively about the support provided by the management. Staff felt motivated by the GPs enthusiasm and by the learning environment, they had fostered within

Are services well-led?

Good 

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

the practice team. Staff reported that communication within the practice was excellent the practice held a variety of regular meetings. We saw that these meetings were minuted and available for staff to access. These included;

- Practice meetings every Monday and Friday lunch time attended by GP partners, GP Registrars and the business manager
- Whole practice meetings each quarter.
- Practice meetings, which included nurses quarterly where possible.
- Multi-disciplinary team meetings attended by the Health Visitor, Midwife, Children and Family Team member, GPs and nurses and safeguarding administration was quarterly and from December 2016 held monthly.
- Palliative Care Meetings held monthly with the palliative care nurse, district nurse, GPs and business manager
- Research meetings held at least every six months with the GPs, business manager and Warwick University research team members.
- Reception meetings weekly where possible attended by the reception lead, patient services manager and reception team
- Reception lead and patient services manager weekly update meetings
- Administration team meetings held monthly or when protected learning time meetings were held which included all of the team.
- Secretary meetings were held with the business manager on a monthly basis from January 2017
- Annual significant event and complaint meeting attended by all staff
- Nurse monthly meetings led by the nurse lead

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 saw that practice learning and training events had been held to encourage staff to share their views and expectations of the practice.

- All staff said they felt respected, valued and supported, particularly by the GP partners. 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.
- Staff spoke about the practice having vision and being outward looking with a willingness to challenge and provide feedback on care within the locality that could be improved upon.
- As part of the merger the practice had recognised that some staff members and close family were registered at the practice and that this could cause a conflict. A meeting was arranged and a blanket policy for staff and first-degree relatives to have a six-month grace period to find another GP was given. The practice felt that this was important for staff wellbeing as it had the potential risk of non-disclosure of issues, which could delay or compromise care provision.

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.

- The patient participation group (PPG) actively engaged with the practice. They met bimonthly and GPs attended these meetings. The PPG had facilitated face-to-face meetings with patients at the practice to assist in the smooth transition during the practice merger. They helped to demonstrate how the waiting room and reception areas would operate after the merger.
- The practice had listened to their patients concerns on NHS Choices regarding the attitude of reception staff by providing replies and further staff training.
- Patients were encouraged to email, use the practice website to offer comments or suggestions of issues they want advice on in blogs and newsletters. The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Are services well-led?

Good 

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

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. Woodside Medical Centre joined the research incentive scheme in April 2015. In 2017, the practice planned to take part in an academically led non-commercial clinical trial evaluating

long term cardiovascular safety of one medicine in comparison to another in patients with a condition which may cause uric acid precipitation in joints and tissues, such as gout.

The GPs shared an online app /tool that was regularly updated each time new evidence or local guidance was published. GPs reviewed information and commented and shared any learning points. Where relevant this information update contributed to the practice's agendas for team meetings.