

Woodside Health 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	Not sufficient evidence to rate	
Are services safe?	Good	
Are services effective?	Not sufficient evidence to rate	
Are services caring?	Not sufficient evidence to rate	
Are services responsive to people's needs?	Not sufficient evidence to rate	
Are services well-led?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Woodside Health Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Woodside Health Centre (also called Country Park Practice) on 15 July 2016. The practice does not have an overall rating at this stage, as the practice has not been operating for a sufficient time for effective, caring and responsive to be rated.

We had previously conducted an announced comprehensive inspection of the practice's predecessor Woodside Group Practice on 2 September 2015. As a result of our findings during that visit, the practice was rated as good for being safe and caring, requires improvement for being effective and responsive, and inadequate for being well-led. This resulted in a rating of requires improvement overall. We found that the provider had breached a regulation of the Health and Social Care Act 2008; Regulation 17 (1) (2)(a)(b)(e) good governance, and because they had not made sufficient improvements since their last inspection we took the decision to place the practice into Special Measures. The former location of Woodside Group practice was subsequently closed and two new locations (one of which is Woodside Health Centre) were formed under two new partnerships.

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 been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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 and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Ensure that all staff have received fire safety and information governance training as soon as possible.

- Improving the identification of those patients with caring responsibilities so that the practice can provide appropriate support, signposting and guidance.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice had not yet ensured that all staff had been trained in fire safety and infection control.
- Risks to patients were assessed and well managed.

Are services effective?

The practice was inspected for providing effective services but there was not sufficient evidence to rate at this stage. The practice provided early information about how they provided effective care for patients, but this can not be confirmed until the practice has been operating for a full year.

Not sufficient evidence to rate



- The practice provided information showing that in the first three months that it had been open it was on course to meet QOF targets.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- A program of clinical audit had been commenced and further audits were planned.
- 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.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

The practice was inspected for providing caring services but there was not sufficient evidence to rate at this stage. The practice provided early information about how they provided caring services for patients, but this can not be confirmed until the practice has been operating for a full year.

- 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.

Not sufficient evidence to rate



Are services responsive to people's needs?

The practice was inspected for providing responsive services but there was not sufficient evidence to rate at this stage. The practice provided early information about how they provided responsive care for patients, but this can not be confirmed until the practice has been operating for a full year.

- 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 named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

Not sufficient evidence to rate



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- 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 patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice was inspected for providing services to older patients but there was not sufficient evidence to rate at this stage. The practice provided early information about how they provided care for these patients, but this can not be confirmed until the practice has been operating for a full year.

- 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 over the age of 75 had a named GP.

Not sufficient evidence to rate



People with long term conditions

The practice was inspected for providing services to patients with long term conditions but there was not sufficient evidence to rate at this stage. The practice provided early information about how they provided care for these patients, but this can not be confirmed until the practice has been operating for a full year.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data gathered by the practice after the first three months showed that outcomes were projected to be in line with national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and 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.

Not sufficient evidence to rate



Families, children and young people

The practice was inspected for providing services to families, children and young people, but there was not sufficient evidence to rate at this stage. The practice provided early information about how they provided care for these patients, but this can not be confirmed until the practice has been operating for a full year.

Not sufficient evidence to rate



Summary of findings

- 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.
- 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.
- 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, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice was inspected for providing services to working age patients but there was not sufficient evidence to rate at this stage. The practice provided early information about how they provided care for these patients, but this can not be confirmed until the practice has been operating for a full year.

- 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.
- 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.

Not sufficient evidence to rate



People whose circumstances may make them vulnerable

The practice was inspected for providing services to patients whose circumstances may make them vulnerable but there was not sufficient evidence to rate at this stage. The practice provided early information about how they provided care for these patients, but this can not be confirmed until the practice has been operating for a full year.

- 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 other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Not sufficient evidence to rate



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 practice was inspected for providing services to patients experiencing poor mental health but there was not sufficient evidence to rate at this stage. The practice provided early information about how they provided care for these patients, but this can not be confirmed until the practice has been operating for a full year.

- Data gathered by the practice after the first three months showed that outcomes were projected to be in line with national averages
- 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.
- 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.

Not sufficient evidence to rate



Summary of findings

What people who use the service say

The practice opened in April 2016 following the split of an existing practice into two new practices. As a consequence there has not yet been a patient survey relating to the new practice. During the inspection of the practice which divided into two practices, one of which is Woodside Health Centre it was found that telephone access was difficult and that appointments could be difficult to access.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received. All of the cards

reported that the care provided by the practice was of a high standard. Several of the comment cards also reported that since the practice split appointments had been easier to access and that the telephone system at the practice was improved.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients reported that they considered that the practice had provided a better service since the practice split, and that appointments were now easier to access.

Woodside Health Centre

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 and a practice manager specialist adviser.

Background to Woodside Health Centre

The practice operates from 3 Enmore Road, London, SE25 5NT. The practice is based in the Croydon Clinical Commissioning Group (CCG) area, although the practice also accept patients from within the Bromley CCG area. The practice was formed in April 2016 following the closure of a previous practice on the same premises. On the day of the inspection there were 5470 patients registered at the practice, although the practice population was increasing as it is a new practice.

The GP team includes a female GP partner, a male GP partner, a female salaried GP, and two male salaried GPs. The practice is reviewing the number of clinical sessions per week as the practice list size increases using national guidelines, although at the time of the inspection was equivalent to 3 whole time equivalent. The nursing team includes a female practice nurse and a female health care assistant. The clinical team is supported by a practice/business manager, a receptionist manager and seven reception/administrative staff.

The practice is open from 8.00am to 6.30pm Monday to Friday. Extended hours are available between 6:30pm and 8:00pm on Wednesdays. The practice offers appointments throughout the day during opening times.

The premises operates over two floors of a purpose built building which houses two other GP practices. On the ground floor there is a treatment room, a phlebotomy room for blood testing, a minor surgery area, a waiting area and patient toilets (one with wheelchair access) which are all shared with the other practices. The practice has six consulting rooms of its own and a reception area. On the first floor, which is accessible by a lift, there are administrative offices.

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

The practice has not been inspected previously by the CQC. However, the practice from which the practice was formed was inspected in 2015 and had been placed in special measures. As a going concern from the previous practice, Woodside Health Centre was also in special measures at the time of the inspection.

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.

Detailed findings

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 15 July 2016. During our visit we:

- Spoke with a range of staff (including GPs, the practice nurse, the healthcare assistant, the practice manager and other 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 practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. Since the practice had only opened in April 2016 the only significant events had come from an audit of new cancer diagnoses. Four cases had been discussed in the clinical meeting and had follow up actions, although they were not yet at the point where any learning points (if any) could be shared.

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. These arrangements reflected relevant legislation and local requirements. 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 on safeguarding children and vulnerable adults relevant to their role. Clinical staff were trained to child protection or child safeguarding level 3. All other staff were trained to child protection level 1. Safeguarding was a standing agenda item for clinical meetings and we saw that updates were discussed with clinical staff so they were aware of current risks.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Only clinical staff acted as chaperones at the practice.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- 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 medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) 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 a group of patients who may not be individually identified before presenting for treatment).

Are services safe?

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

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. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. 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). Several of the risk assessments were undertaken and managed by the owner of the building (which was shared with two other GP practices and other healthcare services) and the results shared with the practice.

- 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 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 was an 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 and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

Woodside Health Centre had only been providing services for three months prior to our inspection. We were unable to obtain the most recent published and independently verified QOF performance results as they were not available at the time of our inspection. During our inspection the predecessor provider, we found the practice was an outlier for QOF outcomes relating to asthma, chronic kidney disease, chronic obstructive pulmonary disease (COPD), dementia and diabetes. During this inspection under the new partnership, the practice said that they had established new policies and protocols for recall, and they reported that they were on target to reach QOF targets that would be significantly improved from the former practice. In the first three months of the year they had already completed the following:

- < >ompleted care plans for half of those who were coded as being at high risk of unplanned admission. Developed a strategy for 2016/7 for the management of patients with COPD.
- Reviewed 43% of all patients with asthma. The national average of the number of patients to have had an asthma review in the previous 12 months is 75%, a target which the practice was on course to meet.
- Reviewed 30% of all patients with COPD. The national average for the number of patients to have had a COPD review in the previous 12 months is 90%, a target which the practice was on course to meet.

- Reviewed 26% of all patients on the diabetes register as having well controlled diabetes. The national average for the number of patients to have been measured as having well controlled diabetes in the previous 12 months is 77%, a target which the practice was on course to meet.

- Reviewed cholesterol levels in 23% of patients with diabetes.

There was evidence that the practice had commenced a clinical audit program.

- There had been three clinical audits completed in the three months that the practice had been open, although none of these were two cycle completed audits where the improvements made were implemented and monitored due to the short time that the practice had been open. However, the partners in the practice reported that second cycles and further audits were planned.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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 had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

Are services effective?

(for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding and basic life support. Staff had not yet completed fire safety and information governance but this was planned. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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 professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, and smoking and alcohol. Services provided by CCG funded healthcare providers were available on site.

We were unable to assess the practice's performance for the cervical screening programme, as this information had not yet been published. However, there was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

We were also unable to assess the practice's performance for childhood immunisation, as this information had not yet been published.

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 courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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 22 patient Care Quality Commission comment cards we received were positive about the service experienced. 22 comment cards is less than 1% of the practice's list size. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Several patients commented that the practice had improved in all areas following the split from the previous practice.

We spoke with three members of the patient participation group (PPG) and six other patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They also told us that since the practice split there had been an improvement in the services provided by the practice.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us

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

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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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 38 patients as carers (0.7% of the practice list). However, the practice reported that as a new practice they were actively looking to identify further carers. 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. The practice had begun implementing several issues that required monitoring, for example a high incidence of obesity in the local area.

- The practice offered a 'Commuter's Clinic' on Wednesday evenings until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and for those with multiple health problems.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- The practice had a lift to improve access to the first floor for staff. There were no clinical rooms on the first floor.

Access to the service

The practice was open from 8.00am to 6.30pm Monday to Friday. Extended hours were available between 6.30pm and 8:00pm on Wednesdays. The practice offered appointments throughout the day during opening times. Extended hours appointments were offered from 6.30pm to 8.00pm on Wednesdays. Appointments could be pre-booked up to six weeks in advance, and daily urgent appointments were available.

During our previous inspection under the previous partnership and location of Woodside Group Practice, we found that patient satisfaction was low in relation to telephone access, the process of making an appointment,

and long waiting times after arriving for appointments. During this inspection, we spoke with nine patients and reviewed 22 Care Quality Commission patient comment cards. All patients commented they were able to get appointments when they needed them. The practice reported that they had a new appointment system and that all calls were now answered inside thirty seconds. Patients reported that they had noted this in practice, and commented that they no longer had to wait for a long time on the telephone.

The practice had a system in place to assess:

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

This practice managed this by using a duty doctor who triaged requests for home visits. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had 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. There was a notice in the reception and on the practice's website, and a leaflet available at the reception desk.

We looked at two complaints received in the last three months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken 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 deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

During our last inspection of the practice's previous location of Woodside Group Practice and under its previous partnership, we found there was poor communication between some of the partners which impacted adversely on the general governance of the practice. During this inspection of the new location of Woodside Health Centre under its new partnership, we found that the practice had an overarching governance framework which supported the delivery of the strategy and good quality care. There was a clear staffing structure and that staff were aware of their own roles and responsibilities. This included:

- 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 had been instigated to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems 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). This included support training for all staff on communicating with patients about notifiable safety incidents. 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, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- 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 and supported in doing so. All of the staff that we spoke to told us that relationships with managers had improved since the old practice had split.
- 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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had met on 11 July for the first time following the practice split. They said that the partners and practice manager had involved the PPG in operational planning for the future, including discussions about opening times in the future.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through informal discussions, meetings and appraisals. Staff told

us they felt involved and engaged to improve how the practice was run, and that they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.