

Woodlands Park 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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Requires improvement	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Woodlands Park Medical Centre on 3 December 2015. 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.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Most patients also reported feeling cared for, supported and listened to.
- Information about services and how to complain was available.

- Patients said they found it difficult to make an appointment with a named GP. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The registered provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- More closely monitor the mandatory training required by staff.
- Risk assesses the procedure for transporting medicines that require refrigeration to the branch surgery.
- Review their arrangements for clinical audit at the practice. Clinical audit should be clearly linked to patient outcomes, monitored for effectiveness and comprise of two cycles to monitor improvements to patient outcomes.

Summary of findings

- Review the results of the National GP Patient Survey for areas of improvement in relation to patients' experience of the practice.
- Review the management of complaints at the practice, complaints should be managed in line with their agreed complaints policy.

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.

Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again. The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Most risks to patients were assessed and well managed; however, we found that the procedure for transporting medicines that require refrigeration to the branch surgery required risk assessment to ensure the cold chain was maintained. We also found that the practice safeguarding lead had not completed level three safeguarding training in the last three years. We also found a very small number of medicines and medical supplies that were out of date.

Good



Are services effective?

The practice is rated as good for providing effective services.

We found that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. Data showed that the practice was performing highly when compared to practices nationally and in the local clinical commissioning group (CCG). The most recent published results showed the practice had achieved 100% of the Quality and Outcomes Framework (QOF) points available. This was 3.3% above the CCG average and 6.5% above the national average. Some clinical audit had taken place. However, this was limited and not sufficiently linked to improved outcomes for patients. Staff had the skills, knowledge and experience to deliver effective care and treatment and there was evidence of appraisals and personal development plans for all staff. Staff at the practice worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

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

Requires improvement



Summary of findings

Data from the National GP Patient Survey showed patients rated the practice lower than others for several aspects of care. For example, 67% said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 87.6%, national average 85.1%). Only 68.2% said the last GP they saw or spoke to was good at listening to them (CCG average 91.3%, national average 88.6%). However, patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. A small number of CQC comment cards noted that the GPs were not caring. Information for patients about the services available was easy to understand and accessible. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Practice staff reviewed the needs of the local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, there was work in progress to improve the practice building which would improve the access to the building for those with limited mobility and young families. Urgent appointments were available on the same day. However, patients told us that it was difficult to get an appointment in advance or with a named GP. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as 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 this. 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. 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, however, some risks required assessment. For example, the transport of medicines requiring refrigeration to the branch surgery. The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness

Good



Summary of findings

and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were good. For example, the practice had achieved 100% of the Quality and Outcomes Framework (QOF) points available for providing the recommended care and treatment for patients with heart failure. This was similar to the local clinical commissioning group (CCG) average of 99.9% and above the national average of 97.9%.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was 78.4%, which was above the local CCG average of 73.2%. For at risk groups the practice rate was 60.5% (CCG average 52.3%).

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data showed that outcomes for patients with long term conditions were good. For example, the practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with diabetes. This was above the local CCG average of 92.9% and above the national average of 89.2%.
- The practice had introduced an enhanced service for diabetic patients that included personalised care plans that was also delivered to housebound patients. This ensured housebound patients received the same standard of care as patients who were able to access the surgery.
- The practice had introduced a diabetes diagnostic tool to aid the diagnosis of diabetes in patients with other long term conditions

Good



Summary of findings

- 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.

Families, children and young people

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

- There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.
- Nationally reported data showed that outcomes for patients with asthma were good. For example, the practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with asthma. This was above the local CCG average of 97.6% and above the national average of 97.4%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for cervical screening was 87% which was above the local CCG average of 83.1% and the national average of 81.8%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. However, it was difficult to access the reception area with a pushchair. The practice was aware of this and planned to refurbish the reception area.
- Immunisation rates were relatively high for all standard childhood immunisations. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.8% to 100% (CCG average 97.3% to 100%) and for five year olds ranged from 87% to 96.3% (CCG average 92.2% to 97.9%).
- We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Patients could order repeat prescriptions and book appointments on-line. Appointments could also be booked using a downloadable 'app'. Text message appointment reminders were available. Telephone appointments were available.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group.
- Additional services such as health checks for over 40's and travel vaccinations were provided.
- The practice website provided a wide range of health promotion advice and information.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability if required.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. For example, we saw that the practice had worked with the local learning disability team.
- 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. However, the safeguarding lead had not undertaken up-to-date level three safeguarding training. The practice had recognised this training as a priority.
- Good arrangements were in place to support patients who were carers. The practice had systems in place for identifying carers and ensuring that they were offered a health check.

Summary of findings

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).

- 87.3% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 84%.
- Nationally reported data showed that outcomes for patients with mental health conditions were good. For example, the practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with mental health conditions. This was above the local CCG average of 95.2% and the national average of 92.8%.
- Nationally reported data showed that outcomes for patients with dementia were good. For example, the practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with dementia. This was above the local CCG average of 96.8% and the national average of 94.5%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing below the local and national averages in many areas. There were 264 forms sent out and 112 were returned. This is a response rate of 42.4% and represented 2% of the practice's patient list.

- 53.8% found it easy to get through to this surgery by phone (CCG average of 81.7%, national average of 73.3%).
- 78.7% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85.6%, national average 85.2%).
- 75% described the overall experience of their GP surgery as fairly good or very good (CCG average 89.1%, national average 84.8%).

- 59.4% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 81.4%, national average 77.5%).

We reviewed 35 comment cards, 33 of which were positive about the standard of care received. They also described the practice staff as caring and helpful. Eleven of the comments cards commented negatively about the appointment and telephone systems and two cards commented that the doctors were not caring.

We spoke with two patients during the inspection. Both patients said they were happy with the care they received but that it could be difficult to make an appointment. Only 59% of those who completed the practice Friends and Family Test would recommend the GP surgery.

Areas for improvement

Action the service SHOULD take to improve

- More closely monitor the mandatory training required by staff.
- Risk assesses the procedure for transporting medicines that require refrigeration to the branch surgery.
- Review their arrangements for clinical audit at the practice. Clinical audit should be clearly linked to patient outcomes, monitored for effectiveness and comprise of two cycles to monitor improvements to patient outcomes.

- Review the results of the National GP Patient Survey for areas of improvement in relation to patients' experience of the practice.
- Review the management of complaints at the practice, complaints should be managed in line with their agreed complaints policy.

Woodlands Park 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 Woodlands Park Health Centre

Woodlands Park Medical Centre is registered with the Care Quality Commission to provide primary care services. The practice is located in Wide Open and provides primary medical services to patients living in Wide Open, Seaton Burn, Dinnington, Hazlerigg and parts of North Gosforth and Dudley.

The practice provides services to around 5,300 patients from two locations.

- Woodlands Park Medical Centre, Canterbury Way, Wide Open, Newcastle upon Tyne, NE13 6JJ.
- Dinnington Branch Surgery, Front Street, Dinnington, Newcastle upon Tyne, NE13 7JW.

We visited the Wide Open location as part of the inspection. The branch surgery was not open on the day of the inspection.

The Wide Open surgery is a purpose built premises in the centre of Wide Open. There is on-site parking and disabled parking. A disabled WC is available.

The practice has four partners and one salaried GP (two male, three female). The practice also currently has a male GP registrar. A GP registrar is a qualified doctor undertaking training. The practice employs a practice manager, practice nurse, healthcare assistant and eight staff who undertake administrative roles. The practice provides services based on a General Medical Services (GMS) contact.

The practice is an approved training practice where qualified doctors gain experience in general practice. The practice is a dispensing practice; this service is only available to patients who live in Dinnington and some parts of Hazlerigg.

The Wide Open surgery is open from 8:30am to 6pm Monday to Friday; it is closed from 12:30pm until 2pm each Tuesday for staff training. The telephones are answered by the practice during these times. When the practice is closed patients are directed to the NHS 111 service. This information is available from the practices telephone message and the practice website.

Appointments are available at the following times:

- Monday 8:30am to 11:45am and 1:45pm to 5:30pm
- Tuesday 8:30am to 11:30am and 2pm to 5:30pm
- Wednesday 8:30am to 12:20pm and 1pm to 5:20pm
- Thursday 8:30am to 11:45am and 1:45pm to 5:30pm
- Friday 8:30am to 11:45am and 1:45pm to 5:30pm

The Dinnington branch is open from 1:30pm until 3pm on Monday, Wednesday and Friday.

The practice is part of NHS North Tyneside clinical commission group (CCG). Information from Public Health England placed the area in which the practice is located in the seventh least deprived decile of ten. In general, people

Detailed findings

living in more deprived areas tend to have greater need for health services. The practice's age population is weighted towards people over the age of 60 and 12.4% of patients are over the age of 75.

The service for patients requiring urgent medical care out of hours is provided by the NHS 111 service and Northern Doctors Urgent Care Limited.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 December 2015. During our visit we:

- Spoke with a range of staff. This included the three GPs and one GP registrar, the practice nurse, practice

manager, health care assistant, a receptionist and the dispensary manager. We also spoke with two patients who used the service and three members of the patient participation group (PPG).

- Observed how patients were being cared for and talked with carers and/or family members.
- 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 the practice's clinical system was used to allocate tasks and record information on significant events.
- The practice carried out a thorough analysis of the significant events, however, there was no analysis of significant events to look for recurring themes.
- The practice used SIRMS. This is the local incident reporting system and this was used by the practice when the significant event crossed practice or healthcare system boundaries.
- We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following a significant event the practice had introduced a chest pain checklist to support non-clinical staff that could be the first point of reference for patients experiencing chest pain.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and most had received training relevant to their role. However, we found that the lead GP for safeguarding had not

completed level three safeguarding training in the last three years. The practice had recognised this training as a priority. Other GPs at the practice had completed level three safeguarding training in the last three years.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We saw 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. For example, disposable curtains and new cleaning procedures had been introduced and excess storage had been removed from clinical rooms.
- The practice used the clinical system to alert staff to potentially violent and /or abusive patients.
- We reviewed four 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.
- The practice had a system 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.

Medicines management

- We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature. However, the procedure for

Are services safe?

transporting medicines which required refrigeration to the branch surgery was not in line with national guidelines. Medicines were placed in a domestic cool bag when they were transported. The practice agreed this procedure required a risk assessment.

- Processes were in place to check medicines were within their expiry date and suitable for use but these were not always effective. All the medicines we checked in the dispensary were within their expiry dates. However, we found that some emergency medicines were out of date. We also found a small quantity of medical consumables that had expired, these were removed immediately. Expired and unwanted medicines were disposed of in line with waste regulations.
- All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.
- We saw records of practice meetings that noted the actions taken in response to a review of prescribing data.
- There was a system in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice worked with the local CCG medicines optimisation team.
- The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We saw sets of PGDs that had been updated in the last year. We saw evidence that nurses had received appropriate training and been assessed as competent to administer the medicines referred to under a PGD.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and

had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs and we saw evidence that these arrangements had been managed effectively. Staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.

- The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. The policies were reviewed annually. The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had all completed appropriate training and had their competency annually reviewed.
- We saw a low number of reported incidents and near misses. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again. For example, a spacer was placed between two medicines with similar names to reduce the likelihood of dispensing the incorrect medication.

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 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.

Are services safe?

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. The clinical rooms were also fitted with panic alarms.
- All staff received annual basic life support training and there were emergency medicines available in the reception area.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. We found that some of the medicines we checked were out of date; however, in-date medicines of the same type were also available. We also found a small number of out of date medical consumables.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice was working with the local clinical commissioning group to ensure referrals were managed in line with local guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed the practice had achieved 100% of the total number of points available, with 7.2% exception reporting. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was better than the CCG and national averages. For example, The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 94% compared to the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national averages. For example, the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less is 89.9% compared to the national average of 83.6%.
- Performance for mental health related indicators was better than the CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar

affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 96.7% compared to the national average of 88.5%.

The practice used an analysis tool, Reporting Analysis and Intelligence Delivering Results (RAIDR), this enabled the practice to look at trends and compare performance with other practices. The practice was performing well in comparison to local practices, for example in relation to hospital admission rates.

Clinical audits provided limited evidence that they were used to improve quality.

- There had been 3 clinical audits completed in the last 12 months, none of these were completed audits where the improvements made were implemented and monitored. For two of these audits the practice already scheduled the re-audit for 2016. One was a CCG led audit where the practice had only provided information to support the audit.
- The practice participated in local audit. For example, the practice had taken part in the local CCG audit of cancer patients presenting as emergency admissions.
- Findings from an atrial fibrillation audit had been used to improve patient outcomes, patients were now offered a medication review to ensure effective prescribing in line with national guidance.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff who administered vaccinations and took samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by having access to on line resources and discussion at practice meetings. The GP registrar had a programme

Are services effective?

(for example, treatment is effective)

that included time for training and support. The nurse at the practice attended a local practice nurse forum every two months which provided external support and advice.

- Staff received training which included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. However, the safeguarding lead had not undertaken level three training in the last three years. The practice had recognised this training as a priority. Other GP's at the practice had completed level three safeguarding training in the last three years.
- 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

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 and intranet systems.

- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. For example, the practice referred patients to a talking therapies service and patients with diabetes were referred to an appropriate education programme.
- Smoking cessation advice was available from the practice nurse and local chemists.
- Information such as NHS patient information leaflets was also available.

The practice's uptake for the cervical screening programme was 87%, which was above the CCG average of 83.1% and the national average of 81.8%. There was a policy to offer written reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.8% to 100% (CCG average 97.3% to 100%) and for five year olds ranged from 87% to 96.3% (CCG average 92.2% to 97.9%). The practice nurse worked

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

to encourage uptake of screening and immunisation programmes with the patients at the practice. When immunisation appointments were missed the practice rang patients to support uptake.

Flu vaccination rates for the over 65s were 78.4%, and for at risk groups 60.5%. These were above the national averages of 73.2% and 52.3% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We saw that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- 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.

Most of the 35 patient Care Quality Commission comment cards we received were positive about the service experienced; however, two cards described the doctors as not being caring. We spoke to two patients, they said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said when they visited the practice as patients their dignity and privacy was respected. Most comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

However, results from the National GP Patient Survey showed patients did not always feel they were treated with compassion, dignity and respect. The practice was below average for most of their satisfaction scores on consultations with GPs and nurses. For example:

- 68.2% said the GP they saw or spoke to was good at listening to them (CCG average 91.3%, national average 88.6%).
- 74.2% said the GP they saw or spoke to gave them enough time (CCG average 89.8%, national average 86.6%).
- 91.6% said they had confidence and trust in the last GP they saw or spoke to (CCG average 96%, national average 95.2%)

- 67% said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 87.6%, national average 85.1%).
- 86.8% said the last nurse they saw or spoke to was good at treating them with care and concern (CCG average 91.4%, national average 90.4%).
- 98.7% said they had confidence or trust in the last nurse they saw or spoke to (CCG average 97.3%, national average 97.1%).

At the time of the inspection the practice had not planned any action based on this area of the patient survey. They had planned work to improve the telephone system which had also been identified as a problem by the patient participation group.

We also reviewed the individual patient survey results completed as part of the GP revalidation process for three of the doctors. One GP's results were comparable to the benchmarking data provided. The results for the second GP were below the benchmarking data and this had been discussed during the revalidation process, no action plan had been suggested but areas for improvement had been discussed. The third GPs results were also below the benchmarking data.

The practice had also carried out its own patient surveys. Results for 2014 were mixed with response to some questions improving and others being less positive than in previous years.

Care planning and involvement in decisions about care and treatment

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

However, results from the national GP patient survey showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment. Results were generally below local and national averages. For example:

- 79.5% said the last GP they saw was good at explaining tests and treatments (CCG average of 89.6%, national average of 86%).

Are services caring?

- 78.3% said the last GP they saw was good at involving them in decisions about their care (CCG average 85.8%, national average 81.4%).
- 95% said the last nurse they saw was good at explaining tests and treatments (CCG average 91.3%, national average 89.6%).
- 80.9% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 84.8%).

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, there was information in the waiting area on support for people experiencing problems with sight loss, memory problems and alcohol dependency.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as carers. When a new patient registered with the practice they were asked if they were carers. Patients could also supply this information themselves on the practice website. Information was available to direct carers to the various avenues of support available to them. For example, information to support carers was available on the practice website.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. For example, the practice referred a local taking therapies 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 their local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. Until recently the salaried GP had been the dementia lead for the local clinical commissioning group.

- There were longer appointments available for patients with a learning disability and patients with long term conditions, if required.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services were available. A hearing loop was due to be provided in early 2016 as part of a planned refurbishment.
- The practice was planning to improve access to the building as part of planned improvement work to the reception area.
- The practice ensured housebound patients with diabetes were offered the same level of care as patients who could access the surgery. The nurse visited these patients at home, feedback from patients and carers were positive.

Access to the service

The Wide Open surgery was open from 8:30am to 6pm Monday to Friday; it was closed from 12:30pm until 2pm each Tuesday for staff training.

Appointments were available at the following times during the week of the inspection:

- Monday 8:30am to 11:45am and 1:45pm to 5:30pm
- Tuesday 8:30am to 11:30am and 2pm to 5:30pm
- Wednesday 8:30am to 12:20pm and 1pm to 5:20pm
- Thursday 8:30am to 11:45am and 1:45pm to 5:30pm
- Friday 8:30am to 11:45am and 1:45pm to 5:30pm

The Dinnington branch was open from 1:30pm until 3pm on Monday, Wednesday and Friday.

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

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages.

- 69.1% of patients were satisfied with the practice's opening hours (CCG average of 81.5%, national average of 74.9%).
- 53.8% patients said they could get through easily to the surgery by phone (CCG average 81.7%, national average 73.3%).
- 34.8% patients said they always or almost always see or speak to the GP they prefer (CCG average 64%, national average 60%).

People told us on the day of the inspection that it could be difficult to get appointments when they needed them.

The practice had responded to these concerns. A new telephony system was due to be installed in February 2016. The practice had consulted patients on the features required of the new service to ensure it was responsive to their needs.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. This policy stated a record of all complaints and related correspondence must be kept separate from patients' medical records. However, the practice manager told us that complaints received and responses were scanned and stored in the patients' electronic records.
- The practice manager was the designated responsible person who handled all complaints in the practice, when required a clinician would be asked to lead.
- We saw that information was available to help patients understand the complaints system. Information was on display in reception and a complaints leaflet was available.

We looked at six complaints received in the last 12 months and found that these were dealt with in a timely way and with openness and transparency. The practice reviewed written complaints received annually. Lessons were learnt

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

from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice was improving the practice telephone system in response to complaints received and patient feedback in surveys.

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 statement of purpose; 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.
- The practice had a five year plan for the development of the practice that included succession planning to manage the retirement of retiring partners.

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 but we found that some staff were not easily able to access policies.
- A comprehensive understanding of the performance of the practice was maintained.
- The programme of clinical and internal audit was not sufficiently focused on improving patient outcomes.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They 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. For example, the administration staff met with the practice manager each week and regular clinical and management meetings were also held.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice and the practice manager. 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. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had suggested the addition of a clock to the waiting area which had been provided. The PPG had produced an action plan for 2015 which identified priority areas for the group, improvements to telephone was highlighted as the highest priority.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

Are services well-led?

Good 

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

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.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and was planning effectively for changes at the practice. The practice is planning to introduce a newsletter and improve the practice website to improve communication with patients.