

Woodlands Practice

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Woodlands Practice	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 The Woodlands Practice on 2 August 2016. 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe. Blank prescription forms and pads were securely stored and there were systems in place to monitor the use of prescription pads. However, a record was not kept of batch numbers of blank prescriptions placed in printers.

- 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 did not always find it easy to book a routine appointment with a GP but there was continuity of care with urgent appointments available the same day.
- The practice had good facilities and was 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 provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

There were areas where the provider should make improvements.

- The provider should keep a record of batch numbers of blank prescriptions placed in printers.

- The provider should continue to monitor patient satisfaction regarding the availability of routine appointments.

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 informed of 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.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor the use of prescription pads. However, a record was not kept of batch numbers of blank prescriptions placed in printers.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed that patient outcomes were above or comparable to the local and national averages. Exception reporting for most indicators was below the local and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for most aspects of care.

Summary of findings

- 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.
- Where appropriate the practice used the Carergiver Strain Index (CSI) tool to assess support required for carers.
- 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.

Good



- Practice staff reviewed the needs of the local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements for patients.
- Patients said urgent appointments were available the same day but they sometimes had to wait up to two weeks for an available routine appointment. The practice had introduced the release of a small number of appointments daily that were available within the next 48 hours in an attempt to help alleviate this problem.
- Patients were able to make an appointment with a named GP and there was continuity of care.
- The practice had adequate facilities and was well equipped to treat patients and meet their needs. The premises had been recently refurbished to provide easier access for wheelchair users and for parents with pushchairs.
- Information about how to complain was available and easy to understand. Evidence showed the practice responded quickly to issues raised and learning was shared with staff.

Are services well-led?

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

Good



- 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 team meetings.
- There was an overarching governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk.

Summary of findings

- 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 the reporting and investigation of incidents and 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 and contributed to the development of the practice improvement programme.
- 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 is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The Nurse Practitioner carried out annual home visits for housebound patients for review and care planning.
- Performance for Quality Outcomes Framework (QOF) indicators for conditions found in older people were comparable to the Clinical Commissioning Group (CCG) and national average.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced need.
- The practice participated in the information sharing agreement with the local community health service to facilitate co-ordinated care for this group of patients.

People with long term conditions

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

Good



- GPs worked closely with practice nursing staff and community specialist nurses in the management of patients with long-term conditions.
- Patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related Quality Outcomes Framework (QOF) indicators was comparable to the local and national average.
- Longer appointments and home visits were available when needed.
- 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. The management of care for these patients was discussed at the quarterly multi-disciplinary team meetings.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.
- The percentage of women aged 25 to 64 years who had received a cervical screening test in the preceding five years was comparable to the local and national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, who held an antenatal clinic at the surgery every week, and health visitors who attended safeguarding meetings at the practice.

Working age people (including those recently retired and students)

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

- The needs of 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.
- Extended hours evening appointments were available at the surgery two evenings a week.
- The practice was proactive in offering online services. Patients were sent texts to encourage uptake of the service.
- A full range of health promotion and screening services were provided that reflects the needs for this age group. Evening appointments were available from the Health Care Assistant for these services.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments and annual reviews for patients with a learning disability. 73% of patients had attended for their annual review.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



Summary of findings

- The practice informed vulnerable patients 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.

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).

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months, which was above the CCG average of 83% and national average of 84%.
- 91% of patients diagnosed with a mental health disorder had a comprehensive agreed care plan documented in the preceding 12 months, which was above the CCG average of 84% and national average of 88%.
- 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.
- A counsellor provided twice weekly clinics at the surgery.
- The practice informed patients experiencing poor mental health 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 and would alert the partners if they had concerns regarding a patient's memory.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing above local and national averages. 343 survey forms were distributed and 117 were returned. This represented a response rate of 34% (1.2% of the practice's patient list).

- 90% of patients said they found it easy to get through to this practice by phone compared to the CCG average of 70% and national average of 73%.
- 80% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and national average of 76%.
- 96% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and national average of 85%.
- 92% of patients said they would recommend this GP practice to someone who had just moved to the area compared to the CCG average of 75% and national average of 79%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our visit. We received 36 comment cards which were all positive about the standard of care received. However, 9 cards also included negative comments regarding booking

appointments, for example, difficulty getting through on the telephone and the waiting time for booking routine appointments. The practice had introduced the release of a small number of appointments daily that were available within the next 48 hours in an attempt to address this issue. Patients described the care received as excellent and commented that staff were all friendly and patients were always treated with courtesy and respect.

We spoke with ten patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. All patients commented that they would recommend the practice to other patients.

Results of the monthly Friends and Family survey were reviewed regularly. Recent survey results showed that patients would recommend the practice to friends and family:

- April 2016 (7 respondents) – 100% of patients were likely to recommend the practice.
- May 2016 (6 respondents) – 100% of patients were likely to recommend the practice.
- June 2016 (6 respondents) – 100% of patients were likely to recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- The provider should keep a record of batch numbers of blank prescriptions placed in printers.
- The provider should continue to monitor patient satisfaction regarding the availability of routine appointments.

Woodlands Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP Specialist Advisor and an Expert by Experience.

Background to Woodlands Practice

The Woodlands Practice is based in a two storey extended semi-detached property in the London Borough of Bromley. It is located within a predominantly residential area of Chislehurst with a busy high street nearby. The property has been converted for the sole use as a surgery, undergoing a two-stage restructure of the layout and modernisation between 2013 and 2014. The property now includes 6 consulting rooms, 2 treatment rooms, reception, waiting room, administration offices and a meeting room. Bromley Clinical Commissioning Group (CCG) are responsible for commissioning health services for the locality.

The practice is registered with the CQC as a Partnership. Services are delivered under a Personal Medical Services (PMS) contract. The practice is registered with the CQC to provide the regulated activities of family planning; maternity and midwifery services; treatment of disease, disorder and injury, surgical procedures and diagnostic and screening procedures.

The practice has 9700 registered patients. The practice age distribution is similar to the national average with a slightly higher than average number of patients in the 40 to 55 year age group. The surgery is based in an area with a deprivation score of 6 (with 1 being the most deprived and 10 being the least deprived).

Clinical services are provided by four GP partners (male and female) providing 28 sessions per week; four part-time salaried GPs providing 18 sessions per week; one part-time Nurse Practitioner (0.5 wte); two part-time Practice Nurses (1.2 wte) and one part-time Health Care Assistant (0.5 wte).

Administrative services are provided by a Practice Manager (1.0 wte), Personal Assistant (0.8 wte), medical secretary (0.64 wte) and 16 administration/reception staff (6.65 wte).

The practice provides the following Directed Enhanced Services (DES): Childhood Vaccination and Immunisation Scheme; Extended Hours Access; Facilitating Timely Diagnosis and Support for People with Dementia; Improving Patient On-line Access; Influenza and Pneumococcal Immunisations; Learning Disabilities; Minor Surgery; Patient Participation; Rotavirus and Shingles Immunisation and Unplanned Admissions. (Enhanced Services are services which require an enhanced level of provision above what is expected under a core contract).

The surgery is the training site for GPs and nurses in Bromley undergoing training in the insertion of intrauterine devices (IUDs).

The surgery is open between 8am and 6.30pm Monday to Friday with extended hours provided from 6.30pm to 8pm on Monday and Tuesday. The surgery is closed at weekends.

Pre-booked and urgent appointments are available with a GP or Nurse Practitioner from 8.30am to 12.20pm and 2pm to 7.30pm on Monday; from 8.30am to 11.30am and 2pm to 7.30pm on Tuesday; from 8.30am to 11.30am and 1pm to 6pm on Wednesday; from 8.30am to 11.30am and 2pm to 6pm on Thursday and from 8.30am to 12.20pm and 1pm to 6pm on Friday.

Extended hours appointments are also provided by the local GP Alliance Hub service. These appointments are available between 6.30pm and 8pm Monday to Friday and

Detailed findings

from 9am to 1pm Saturday and Sunday. Appointments must be booked through the surgery. The service is staffed by GPs from the practices who are members of the alliance and full access to GP electronic records is available for all consultations.

Pre-booked appointments are available with the Practice Nurse from 8am to 12.45pm and 2pm to 7.45pm on Monday and Tuesday; from 8am to 12.45pm and 2pm to 5.45pm on Wednesday and Friday and from 2pm to 5.45pm on Thursday.

Pre-booked appointments are available with the Health Care Assistant from 3pm to 7.45pm on Monday; from 2pm to 6.45pm on Tuesday and from 8am to 12.45pm on Thursday.

When the surgery is closed urgent GP services are available via NHS 111.

An informative practice leaflet and practice website provide details of services provided by the surgery and within the local area.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 August 2016.

During our visit we:

- Spoke with a range of staff including GP Partners, Salaried GPs, Nurse Practitioner, Practice Nurse, Practice Manager, Personal Assistant and reception/administrative staff.
- Spoke with representatives of the patient participation group (PPG) and patients who used the service.
- Observed how patients were being cared for and talked with carers and family members
- Reviewed an anonymised sample of the 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 an incident recording form available on the practice computer system. The incident reporting procedure 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 and an evaluation of the incident was discussed at weekly leadership meetings attended by the Practice Manager and GP partners. Learning was shared with staff at quarterly administration meetings and monthly clinical governance meetings. Sharing of learning and implementation of changes that required urgent action was disseminated immediately.

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. For example, a patient had requested repeat medication which was contraindicated for a medical condition for which they were currently undergoing investigations. The GP had identified this when reviewing the patient's records prior to authorising the repeat medication and had informed the patient immediately to stop the repeat medication. All clinical staff were reminded to review and advise patients on current medicines in relation to a new diagnosis.

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.

- 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 required and 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. GPs and Nurses were trained to Child Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. The practice nurses or health care assistant would usually act as a chaperone but in their absence some administrative staff would also act as chaperones. These staff members had been trained for the role of chaperone and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control lead for the practice and 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. An annual infection control audit had been carried out by the practice. We saw evidence that action was taken to address any improvements identified.
- The arrangements for managing medicines in the practice, including emergency medicines and vaccines, 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.

Are services safe?

- Blank prescription forms and pads were securely stored and there were systems in place to monitor the use of prescription pads. However, a record was not kept of batch numbers of blank prescriptions placed in printers.
- The Nurse Practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer specific vaccines and medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- Patient Specific Directions (PSDs) had also been adopted by the practice to allow nurses and Health Care Assistants to administer vaccines and medicines against a patient specific direction from a prescriber. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)
- We reviewed nine 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.
- All electrical equipment was checked annually to ensure the equipment was safe to use and clinical equipment was calibrated annually 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, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all staffing groups to ensure sufficient staff were on duty. GP, nursing and administrative staff provided annual leave cover for colleagues. The rota ensured that there was a GP partner present for all sessions.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on all computers which alerted staff to any emergency. If activated, the alert would freeze individual computers until it was acknowledged.
- All staff received annual basic life support training and staff administering injections had received anaphylaxis training.
- 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 and services. Copies of the plan were also kept off-site with the partners and Practice Manager.

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 and an information poster in the administration office.
- The practice had up to date fire risk assessments and carried out annual fire evacuation drills and a weekly check of the fire alarm.

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 audits and random checks of patient records.

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 (2014/15) showed that the practice achieved 97% of the total number of points available compared to a Clinical Commissioning Group (CCG) average of 94% and national average of 95%.

The practice exception reporting rate was 5% which was similar to the CCG average of 8% and the national average of 9%. (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 clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 90% which was comparable to the CCG average of 87% and national average of 89%.
- Performance for mental health related indicators of 100% was above the CCG average of 91% and national average of 93%.

The practice participated in local audits, national benchmarking, accreditation and peer review. Information about patients' outcomes was used to make

improvements. There was evidence of quality improvement including clinical audit. Information about patients' outcomes and clinical audit was used to make quality improvements.

We looked at nine clinical audits completed in the last two years where the improvements made were implemented and monitored. For example,

- A two-cycle completed audit was carried out to identify diabetic patients with specific symptoms who were not being prescribed medicines in line with current guidelines. The audit showed that almost 50% of the patients identified had been incorrectly coded for the symptom on the patient record system and that 40% of appropriately coded patients were not on the recommended medication. A second audit, carried out six months later, confirmed that all patients were correctly coded and their prescribed treatment was in line with national guidelines.
- A second two-cycle audit was carried out to review the management of patients presenting with a sore throat. Patient records were reviewed for compliance against NICE guidelines for the prescribing of antibiotics and local guidance for the choice of antibiotic prescribed. The initial audit showed compliance against NICE guidelines of 48% and local prescribing guidance of 0%. A second audit carried out three months later showed compliance against NICE guidelines of 92% and local prescribing guidance of 100%.

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, practice nurses reviewing patients with long-term conditions received appropriate training and updates for the disease areas they reviewed.
- 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

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on-line resources and through discussion and support from colleagues.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received mandatory training that included: safeguarding, fire safety awareness, basic life support, information governance, Mental Capacity Act and infection control. 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.

- 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 quarterly 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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were offered support by practice staff and signposted to the relevant support and advice services where appropriate.

The practice's uptake for the cervical screening programme was 86%, which was comparable to the CCG average of 84% and the national average of 82%. 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 and they ensured a female sample taker was available. There were 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.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Immunisation rates for vaccines given to children were comparable to CCG and national averages. For example, childhood immunisation rates for vaccines given to under two year olds ranged from 85% to 95% and five year olds from 92% to 95%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 36 patient Care Quality Commission comment cards we received were positive about the care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. However, 9 cards also included negative comments regarding booking appointments, such as difficulty getting through on the phone and the waiting time for booking routine appointments.

We spoke with two members of the patient participation group (PPG). They told us that they felt valued and listened to and were satisfied with the care provided by the practice.

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

- 94% of patients said the GP was good at listening to them compared to the CCG average of 87% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 85%.

- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

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

- Staff told us that interpreting services were available for patients who did not have English as a first language. We saw notices in the reception area informing patients this service was available.
- Information leaflets were available in the waiting room on a variety of health related subjects.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 291 patients as carers (3% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Where appropriate the practice used the Carergiver Strain Index (CSI) tool to assess support

required. (CSI is a tool that can be used to quickly screen long-term family carers for carers strain. Screening tools are useful to identify families who would benefit from a more comprehensive assessment of the caregiving experience.)

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

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.

- The practice offered extended hours on a Monday and Tuesday evening between 6.30pm and 8pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and patients who requested them.
- 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 a same day consultation.
- Patients were able to receive travel vaccines available on the NHS and those available privately.
- A Minor Surgery service (Level 2) was available to practice patients and for patients referred from other surgeries.
- There were disabled facilities available in the practice and a ramp at the main entrance. The newly installed reception desk was designed for easier access to wheelchair users.
- A confidential area in reception had been installed and a private baby feeding area was provided.
- Interpreting services were available for patients who required it.
- At the request of patients a water cooler had been installed in the waiting room.

Access to the service

The surgery was open between 8am and 6.30pm Monday to Friday with extended hours provided from 6.30pm and 8pm on Monday and Tuesday.

Pre-booked and urgent appointments were available with the GP from 8am to 12.20pm and 2pm to 7.30pm on Monday; from 8.30am to 11.30am and 2pm to 7.30pm on Tuesday; from 8.30am to 11.30am and 1pm to 6pm on Wednesday; from 8.30am to 11.30am and 2pm to 6pm on Thursday and from 8.30am to 12.20pm and 1pm to 6pm on Friday.

Telephone appointments with the GP were available daily.

Appointments were available with the Practice Nurse from 8am to 12.45pm and 2pm to 7.45pm on Monday and Tuesday; from 8am to 12.45pm and 2pm to 5.45pm on Wednesday and Friday and from 2pm to 5.45pm on Thursday.

Appointments were available with the Health Care Assistant from 3pm and 7.45pm on Monday; from 2pm to 6.45pm on Tuesday and from 8am to 12.45pm on Thursday. This included extended hours appointments for patients attending for health promotion and smoking cessation advice.

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

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

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 78%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and national average of 73%.

People told us on the day of the inspection that they were usually able to get appointments when they needed them. However, sometimes routine appointments were only available more than two weeks in advance.

Listening and learning from concerns and complaints

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

- The practice 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.

We looked at eight complaints received in the last 12 months and found that these were satisfactorily handled, in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and

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

also from analysis of trends. Action was taken as a result to improve the quality of care provided. For example, a patient had complained that they were unaware of the private fee attached to their request for a letter to be

written by the GP. As a result the practice now displayed the notice prominently in the reception area and staff were reminded that they should inform the patient of the fee when the initial request is made.

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 robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which outlined the structures and procedures in place to support the delivery of their strategy for the provision of good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities and those of colleagues.
- Practice specific policies were implemented and were available to all staff via the practice shared drives.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- 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 and 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 and we saw evidence to support this.
- 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.
- Staff said they felt respected, valued and supported by the partners in the practice. All staff were involved in discussions about how to 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, comments and complaints received. The PPG had been introduced two years ago. It consisted of a membership of twenty patients. The PPG met every six months. They told us that they felt the practice were keen to improve the services it provided and acted on the suggestions of the PPG. Examples of changes that had been implemented by the practice following feedback from the PPG include:

- Improvements and updating of notice boards in the waiting room: Three large noticeboards had been installed which were updated monthly by the Practice Manager.
- Use of text messaging to update and inform patients of changes in the practice: Text messages were sent to patients to inform them of the new extended hours of opening and also to promote the use of the on-line services available to patients.

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

Continuous improvement

The practice team was forward thinking and there was a focus on continuous learning and improvement at all levels within the practice. For example, the practice took part in the local text messaging service providing text reminders for appointments and promotion of local health related campaigns. The practice were also participating in a local trial of text messaging the Friends and Family survey to patients.