

# Redwood House Surgery

## 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	3
The six population groups and what we found	5
What people who use the service say	8

### Detailed findings from this inspection

Our inspection team	9
Background to Redwood House Surgery	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11
Action we have told the provider to take	25

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Redwood House Surgery on 12 March 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for all the key questions and all the population groups.

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- 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.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

**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 to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from National Institute for Health and Care Excellence and used it routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their

Good



# Summary of findings

needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. 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 were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older patients in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older patients, and offered home visits and rapid access appointments for those with enhanced needs.

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. 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. Ninety nine patients who had been identified all had a care plan in place to manage their needs. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. The practice had identified 286 diabetic patients and proactively identified diabetes early. The majority of patients with long term conditions had received annual reviews of their condition: 91.7% of patients with chronic obstructive pulmonary disease (lung disease) and 72.5% of patients with asthma.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors, in particular to meet the needs of mothers in vulnerable circumstances, for example at higher risk of post-natal depression

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. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice's performance for cervical smear uptake was 82.5%, which was above average for the CCG area and a low inadequate rate of 0.03%, compared to a national average of 2%.

## **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 homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and 18 out of 21 of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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.

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

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice worked with the community mental health team in the case management of people with severe mental health conditions. Out of 32 patients 24 had care plans reviewed and 12 out of 14 patients with dementia had care plans in place.

## Summary of findings

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

# Summary of findings

## What people who use the service say

The most recent national GP survey data (January 2015) for Redwood House Surgery based on 107 completed surveys (35% response), showed very good satisfaction. For example, 94% of respondents rated their overall experience of the surgery as good and 91% would recommend the surgery. The practice achievement across all areas was above average including obtaining appointments and the way staff treated them.

We spoke with 18 patients during the inspection. All the patients we spoke with were extremely positive about the care and treatment they received. They told us staff provided compassionate care.

We received 38 comments cards from patients. All the comments were positive and referred to the kindness and consideration of GPs, nurses and reception staff. Two cards included comments relating to a delay in obtaining appointments.



# Redwood House Surgery

## 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 and an Expert by Experience.

### Background to Redwood House Surgery

Redwood House Surgery is located in a converted detached house in a small town in Berkshire. It holds a General medical services (GMS) contract to provide primary medical services to just over 6000 registered patients.

Care and treatment is led by three GPs; one male and two female. They are supported by a practice manager, two practice nurses, administration and reception staff; a total of 14 staff.

The practice has a lower proportion of patients in the 15 to 34 year age group and higher in the age groups: 5 to 14 years and 40 to 49 years compared to the local average. The practice serves a population which is significantly more affluent than the national average.

The practice takes an active role within the Windsor, Ascot and Maidenhead Clinical Commissioning Group (CCG) to develop services in the area.

The practice has opted out of providing out-of-hours services to its own patients. There are arrangements in place for patients to access care from an out-of-hours provider, 111.

We visited the practice location at Redwood House Surgery Cannon Lane, Maidenhead Berkshire SL6 3PH.

### 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. This inspection was planned to check whether the provider was 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.

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.

### How we carried out this inspection

Prior to the inspection we contacted the Windsor, Ascot and Maidenhead Clinical Commissioning Group (CCG), NHS England area team and local Healthwatch to seek their feedback about the service provided by Redwood House Surgery. We also spent time reviewing information that we hold about this practice including the action plan they provided following their previous inspection.

The inspection team carried out an announced visit on 12 March 2015. We spoke with 18 patients and eight staff. We also reviewed 38 comment cards from patients who had shared their views and experiences.

# Detailed findings

As part of the inspection we looked at the management records, policies and procedures, and we observed how staff interacted with patients and talked with them. We interviewed a range of practice staff including GPs, nursing staff, managers and administration and reception staff.

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 are provided for specific groups of people and what good care looks 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)

# Are services safe?

## Our findings

### Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records, incident reports and notes of meetings where these were discussed for the last 12 months. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term. Significant event reports covered a range of issues including concerns about possible child abuse, prescribing decisions and diagnostic tests.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during the last 12 months and we were able to review these. Significant events were discussed at monthly clinical meetings to review actions and learning. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

Staff used incident forms and sent completed forms to the practice manager. We saw the system in place to track incidents to ensure they were monitored and managed in a timely manner. We reviewed a sample of significant event reports that had been identified and recorded in the previous 12 months. The practice encouraged reporting of significant events including positive events and used learning to improve patient safety. There were no recurrent themes identified in the significant events. We found they had been completed by GPs, nursing staff and administration staff on a range of incidents. One incident resulted in a change to practice which meant all under five year olds with a suspected urine infection were offered an appointment if the parents were worried. Another incident resulted in seeking advice from the transplant team before prescribing antibiotics.

National patient safety alerts were disseminated by the practice manager to practice staff. Nursing staff we spoke with confirmed they received alerts and took the appropriate action.

### Reliable safety systems and processes including safeguarding

Systems were in place to safeguard children and adults. A designated GP partner was the practice lead for safeguarding children and although they did not attend child protection conferences in person they provided written reports and attended by telephone. Safeguarding policies and procedures consistent with the local clinical commissioning group (CCG) and Local Authority guidelines were in place to protect children and vulnerable adults.

Safeguarding information, including local authority contacts, were accessible on the practice intranet. Staff demonstrated an understanding of safeguarding children and vulnerable adults and the potential signs to indicate a person may be at risk. All staff had received training in safeguarding children. All GPs had level three safeguarding children training. Reception staff and GPs gave us examples of where they had raised concerns about patients' safety, both children and adults in and outside the practice. There was a system to highlight vulnerable patients on the practice's electronic record system.

There were notices in the waiting area and consultation rooms to remind and prompt patients to request a chaperone if desired. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All nursing staff, including health care assistants, had been trained to be a chaperone. Reception staff would act as a chaperone if nursing staff were not available. Receptionists had also undertaken training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. Staff who undertook chaperone duties had disclosure and barring service (DBS) checks in place.

### Medicines management

We checked medicines kept in the treatment room and medicine refrigerator and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure.

## Are services safe?

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

The GPs reviewed prescribing data provided by the CCG and performance was discussed at monthly meetings. This showed the practice performed in line with the CCG average. A member of the CCG medicines optimisation team confirmed the practice responded appropriately to prescribing issues identified and sought advice when needed.

The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. The practice received up to date directions from the CCG and nurses had received appropriate training to administer vaccines. A member of the nursing staff was qualified as an independent prescriber in the area of diabetes and she received regular supervision and support in her role as well as updates in her area of expertise for which she prescribed.

There was a system in place for the management of high risk medicines, which included regular monitoring in line with national guidance. Appropriate action was taken based on the results. We saw the practice had carried out a number of audits to monitor checks were carried out when these medicines were prescribed. For example, regular blood tests were taken and acted upon appropriately.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank computer prescription forms were stored securely, however, the recording of these blank forms was not in accordance with national guidance as these were not tracked through the practice.

The practice used the electronic prescription service and approximately 70% of prescriptions were issued electronically.

### Cleanliness and infection control

We observed the premises were clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns

about cleanliness or infection control. Daily cleaning schedules were followed and monitored. We saw evidence that when issues were identified they were raised with the contractor.

Systems were in place to reduce the risks of spread of infection. One of the practice nurses was the infection control lead for the practice. They demonstrated a good understanding of their role. All staff had received training in infection control and were aware of infection control practices. For example, we observed staff used personal protective equipment such as gloves and saw that they disposed of clinical waste safely.

The practice infection control lead carried out six monthly infection control audits. Our review of the last audit showed good adherence with infection control procedures.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. For example, when accepting urine samples from patients. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). We saw records that confirmed the practice was carrying out regular checks in line with this policy to reduce the risk of infection to staff and patients. The practice had carried out a legionella risk assessment in 2014 and regularly checked water temperatures in accordance with their policy.

### Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last

## Are services safe?

testing date. A planned maintenance and testing schedule was followed. Regular checks on the premises and equipment were in place to ensure they were fit to use. For example, annual service checks on gas, annual calibration checks, biennial portable appliance tests and a five yearly electricity report.

### Staffing and recruitment

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. We reviewed a sample of five files which confirmed the required pre-employment information had been sought. These included all the required information including a curriculum vitae or application form, one or two references, occupational health check, photographic identity, professional registration check and criminal records checks through the Disclosure and Barring Service (DBS).

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice manager ensured there was sufficient staff on duty at all times. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

The majority of practice staff worked part time which allowed for some flexibility in the way the practice was managed. For example, staff were available to work overtime if needed and available for annual leave and sickness absence cover. Two regular long term locums were used to cover GP partners leave and this ensured familiarity with practice procedures and a degree of continuity of care for patients.

### Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and

safety information was displayed for staff to see and there was an identified health and safety representative. Staff were aware of the location of the practice accident book and used it to record accidents if they occurred.

We were told issues and risks were discussed at GP partners' meetings and within team meetings. Meeting notes showed discussions took place and actions were agreed to improve the situation.

A health and safety review in July 2014 which resulted in an action plan containing several recommendations which had all been completed. For example, window restrictors had been fitted to the first floor windows and arrangements for regular fire alarm testing had been introduced. The practice had considered the risks of delivering the service to patients and staff and had implemented systems to reduce risks. We observed the practice was organised and tidy. We saw the provider had carried out a range of risk assessments reviewing environmental and personal risks, to ensure the health and safety of patients, visitors and staff members. For example, in relation to staffing, premises, fire and environmental issues such as inclement weather.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Monthly checks of emergency medicines took place to ensure they were within their expiry date and suitable for use.

The practice business continuity plan had recently been reviewed. The document detailed the range of emergencies that may impact on the daily operation of the practice and the arrangements in place to manage the situation. Risks identified included power failure, adverse weather,

## Are services safe?

unplanned sickness and access to the building. The plan included relevant information for staff to refer to. For example, contact details of key personnel and essential suppliers.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw notes of practice meetings where new guidelines were disseminated, the implications for the practice's performance and patients were discussed and required actions agreed. For example, change to prescribing of 'Statins' following NICE guidance. The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure that each patient received support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

The GPs told us they led in specialist clinical areas such as diabetes and dermatology. GPs we spoke with were very open about asking for and providing colleagues with advice and support. GPs told us this supported all staff to continually review and discuss new best practice guidelines as part of their weekly clinical meetings.

We reviewed prescribing data from the local clinical commissioning group (CCG). Redwood House Surgery fully participated in all the elements of the local prescribing incentive scheme 2013/14. It performed well in relation to the prescribing indicators measured by the CCG including a reduction in antimicrobial prescribing.

The practice used computerised tools to identify patients with complex needs who had multidisciplinary care plans documented in their case notes. The practice identified 99 patients with complex needs who were at greater risk of admission to hospital. The practice ensured all these patients had a care plan in place and priority access to a GP. We were shown the process the practice used to review patients recently discharged from hospital, which required patients to be contacted within three days of discharge from hospital.

CCG data showed the practice was in line with expected referral figures for the CCG. Where referral rates were higher than expected the practice carried out an audit to identify if improvements were needed.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

### Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management. Regular searches were carried out on the disease registers of patients with long term conditions. These identified patients who had not attended for regular reviews and they were followed up with recall appointments to encourage attendance.

Monthly clinical meetings were held to discuss audit findings. The practice showed us five clinical audits that had been undertaken in the previous 12 months. Two of these were completed audits where the practice was able to demonstrate the changes resulting since the initial audit. One was a detailed audit of the intrauterine contraceptive device service and resulted in improvements in practice. Clinical audits had been undertaken which showed the practice measured its performance against current best evidence and demonstrated adherence to current guidelines to monitor changes in practice and outcomes for patients. For example, clinical audits were often linked to medicines management information, safety alerts or as a result of information from the quality and outcomes framework (QOF). QOF is a national performance measurement tool. We saw an audit regarding the prescribing of gluten free products to ensure appropriate prescribing. A recent audit of the management of foot ulcers in diabetic patients was undertaken and showed that all patients had been managed according to the NICE guidance.

The practice had achieved 99.7% in the clinical domain of the Quality and Outcomes Framework (QOF) and 99.4% overall in the previous year. The practice was on track to achieve the same this year (2014/15). The QOF is part of the General Medical Services (GMS) contract for general



# Are services effective?

## (for example, treatment is effective)

practices. It is a voluntary incentive scheme which rewards practices for how well they care for patients. The practice maintained and managed patients with a range of long term conditions in line with best evidence based practice.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice nurse led on care and treatment of patients with diabetes including insulin initiation when appropriate. The practice had identified 286 diabetic patients and proactively identified diabetes early. The majority of patients with long term conditions had received annual reviews of their condition: 91.7% of patients with chronic obstructive pulmonary disease (lung disease) and 72.5% of patients with asthma. GPs worked with the community mental health team to develop care plans for patients with severe mental health conditions. Out of 32 patients 24 had care plans reviewed and 12 out of 14 patients with dementia had care plans in place. This practice was not an outlier for any QOF (or other national) clinical targets.

The team was making use of clinical audit tools, clinical supervision and staff meetings to assess the performance and support their GPs and nursing staff. Weekly clinical meetings included discussion and review of referral data and emergency hospital admissions.

There was a protocol for repeat prescribing which was in line with national guidance. In accordance with this staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. We saw an example of an audit carried out as a result of a new alert of a potential drug interaction to review all patients prescribed the drug and ensure safe and effective prescribing. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

### Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support. We noted a good skill mix among the doctors with one GP certified to insert intrauterine contraceptive devices and the nurse prescriber

led on diabetes patients with support from the senior partner. All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

All staff undertook annual appraisals that identified learning needs from which action plans were documented. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses, for example, spirometry (breathing test) course for one of the nurses to enable her to carry out reviews for patients with chronic obstructive pulmonary disease.

Practice nurses were expected to perform defined duties and were able to demonstrate they were trained to fulfil these duties. For example, on administration of vaccines, cervical cytology and spirometry. Those with extended roles, for example, in diabetes and asthma were also able to demonstrate that they had appropriate training to fulfil these roles.

Where issues were identified, for example, following a complaint, the practice took appropriate action to manage the situation.

### Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage complex cases. It received blood test results, x-ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service, both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well.

The practice was commissioned for the new enhanced service and had a process in place to follow up patients discharged from hospital. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).



# Are services effective?

## (for example, treatment is effective)

The practice held monthly multidisciplinary team meetings to discuss the needs of complex patients, for example, those with end of life care needs or children on the at risk register. These meetings were attended by district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record. Discussion of palliative care patients followed the Gold Standards Framework for end of life care. The Gold Standards Framework is a systematic evidence based approach. It is designed to assist healthcare professionals to optimise care for all patients approaching the end of life.

Good relationship with community and adult mental health team. The practice demonstrated effective working with the health visitors through six weekly meetings and also with the specialist midwife service that supported women in vulnerable circumstances, for example those at higher risk of post-natal depression.

Consultants were invited to attend the practice monthly clinical meetings to provide education and support, for example, a psychiatrist.

### Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals, the practice used the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital).

The practice registration information included information on electronic patient records. The practice used the electronic Summary Care Record and offered patients access to their electronic GP record. (Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours).

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system, and

commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

### Consent to care and treatment

We found that GPs were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. GPs and nurses were aware of what action to take if they judged a patient lacked capacity to give their consent. They told us they recorded best interest decisions, consulted carers with legal authority to make healthcare decisions and sought specialist advice if needed. The GPs described examples of where they had considered capacity issues and sought advice from the local memory clinic and psychiatric team.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it) and had a section stating the patient's preferences for treatment and decisions. All those patients had a care plan in place. When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision. All clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

### Health promotion and prevention

The practice was aware of the local area health priorities and more specifically in relation to their practice population. Antenatal care was shared with the community midwife and GPs carried out the new baby checks.

It was practice policy to offer a health check with the practice nurse to all new patients registering with the practice. The GP was informed of all health concerns detected and these were followed up in a timely way. We noted a culture among the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic chlamydia screening to patients aged 18-25 and offering smoking cessation advice to smokers. The practice nurse provided a weight management clinic, all

# Are services effective?

(for example, treatment is effective)

patients over the age of 40 years and a body mass index (BMI) over 30 were offered a full health check and weight loss advice. We were told the practice nurse provided an individual tailored and person centred service through 30 minute appointments for each patient.

The practice began offering NHS Health Checks to all its patients aged 40 to 75 years since January 2015 and had carried out 32 so far. Patients were followed up promptly if they had risk factors for disease identified at the health check and how they scheduled further investigations.

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and 18 out of 21 patients had an annual review of their condition so far this year and 100% last year. The practice had also identified the smoking status of 90.6% of patients over the age of 16 and 97.8% had been offered smoking cessation advice.

The practice's performance for cervical smear uptake was 82.5%, which was above average for the CCG area and a low inadequate rate of 0.03%, compared to a national average of 2%. Patients who did not attend for screening were followed up by the practice.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for child immunisations was above the CCG average for all age groups. The practice had a clear policy for following up non-attenders by the GP. The practice achieved 71.8% flu vaccine uptake in over 65 year olds in the previous year which was slightly below the CCG average of 73%.

There was a large quantity and wide range of information in the waiting room noticeboards and on the practice website, aimed at patients for health promotion and self-care.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

We reviewed the most recent data available for the practice on patient satisfaction. The most recent national GP survey data (January 2015) based on a response of 107 surveys (35%), indicated very good satisfaction. The practice achieved above the clinical commissioning group (CCG) average in all questions. For example, 94% of respondents rated their overall experience of the surgery as good and 91% would recommend the surgery. The proportion of patients who stated staff were good at treating them with care and concern was 82% for doctors and 96% for nurses. Patients were also satisfied with the good listening skills of both GPs (90%) and nurses (99%).

We spoke with 18 patients during the inspection. They were a mix of patients, male and female, parents with young children and older patients. The majority of patients had been with patients for ten years and longer. We also spoke with two representatives of the patient participation group (PPG). All the patients we spoke with were extremely positive about the care and treatment they received. They told us staff provided compassionate care.

We received 38 comments cards from patients. All the comments were positive and referred to the kindness and consideration of GPs, nurses and reception staff. Two cards also included comments relating to a delay in obtaining appointments.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice reception desk was located away from the waiting area. Private space was available if needed to accommodate waiting patients, for example if they were potentially infectious.

All staff had received training on information governance and signed a confidentiality agreement at the start of their employment. Staff had a good understanding of confidentiality and how it applied to their working practice. For example, during the inspection we witnessed numerous caring and compassionate interactions between staff and patients which demonstrated how staff treated patients with dignity and respect.

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

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 82% of practice respondents said the GPs were good at involving them in decisions about their care and 89% said GPs were good at explaining tests and treatment, compared to 94% and 95% for nurses, respectively. Both these results were above average compared to the CCG area.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive.

Patients preferred methods of communication was recorded and the practice sought the patients consent before messages were left on answerphones.

GPs and nurses were aware of what action to take if they judged a patient lacked capacity to give their consent. They told us they recorded best interest decisions, consulted carers with legal authority to make healthcare decisions and sought specialist advice if needed.

### **Patient/carer support to cope emotionally with care and treatment**

The patients we spoke with on the day of our inspection indicated patients were very positive about the emotional support provided by the practice. Bereaved patients were contacted by their named GP to offer support.

## Are services caring?

A list of palliative and vulnerable patients was updated daily. Staff were aware of patients or recently bereaved families so they could manage calls sensitively and refer to the GP if needed.

A very large number of notices in the patient waiting room and patient website also told people how to access a

number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. We saw the written information available for carers to ensure they understood the various avenues of support available to them.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The practice had introduced a weight management clinic provided by the practice nurse. All patients over the age of 40 years and a body mass index (BMI) over 30 were offered a full health check and weight loss advice. Referral to a dietician and introductory gym membership were also offered if necessary.

A phlebotomy (the process of taking blood from patients) service was offered three times a week. The practice offered its patients a travel clinic service.

The practice valued the role of their patient participation group (PPG). We reviewed the feedback from the 2014 annual survey. The majority of feedback was positive and suggested improvements included extended opening hours and online repeat prescription requests. Both of which had been implemented.

### Tackling inequity and promoting equality

The practice has a lower proportion of patients in the 15 to 34 year age group and higher in the age groups: 5 to 14 years and 40 to 49 years compared to the local average. The practice serves a population which is significantly more affluent than the national average. Life expectancy for males and females is higher than the national average. The practice population of patients identified from ethnic groups is 1.7% from Asian and 2.6% from other non-white ethnic groups.

Staff told us that translation services were available for patients who did not have English as a first language. However, staff confirmed the facility was very rarely used as the majority of patients could speak English and one GP could speak Punjabi.

The practice maintained a register of all patients with a learning disability. One hundred per cent of patients on the register had annual reviews of their condition in 2013/14 and 18 out of 21 patients had an annual review of their condition so far this year.

The patient areas of the practice were all located on the ground floor of the premises, except for the phlebotomy room, which was located on the first floor. However, patients who could not manage the stairs were always accommodated on the ground floor. Disabled access to the practice was from the rear of the building and we saw alerts on the computer to notify staff when this was the case. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

### Access to the service

Appointments were available daily from 8.30am to 12.30pm and 3.30pm to 6pm. Extended surgery hours were provided on Tuesday mornings 7.20am to 8am and Tuesday and Thursday evenings, 6.30pm to 7.10pm. Early morning appointments with the practice nurse were offered on Monday mornings 7am to 8am. This access was particularly useful to patients with work commitments.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

The practice operated a flexible appointment system to ensure all patients who needed to be seen the same day were accommodated. Longer appointments were available for people who needed them and those with long-term conditions. Patients on the 'unplanned admission' register had a priority access to appointments or to speak to a GP.

Patients were satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to and they could see another doctor if there was a wait to see the doctor of their choice. Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments

# Are services responsive to people's needs?

(for example, to feedback?)

on the same day of contacting the practice. On the day we visited, patients told us they were able to obtain urgent and routine appointments when needed and our review of the appointment system record confirmed this.

Data from the national patient survey showed the practice performed well on access to appointments: 89% of respondents said they found it easy to get through to this surgery by phone compared to the local average of 70% and 80% of respondents described their experience of making an appointment as good.

## **Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system in the practice leaflet and website. Patients we spoke with were aware of the process to follow if they wished to make a complaint. All but one of the 18 patients we spoke with said they raised a complaint and it had been dealt with.

We looked at the complaints received since April 2014. We found they were appropriately handled and dealt with in a timely way. The practice showed openness and transparency in dealing with the complaint. Three complaints had been reviewed at the 'significant event meetings' and learning shared. No complaint had been escalated to the Ombudsman.

# 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

We spoke with eight members of staff and they all expressed pride in working at the practice. They told us they aimed to provide high quality care and promote good outcomes for patients. All staff shared the practice objectives to deliver high quality person centred care. The practice website and new patient leaflet included the practice aim 'To provide high quality up to date service from a cohesive team who really care and have worked together effectively for many years.'

The practice worked collaboratively with the local clinical commissioning group (CCG) to identify priority areas and develop services.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the computer or in hard copy. We looked at five of these policies and procedures. All five policies and procedures we looked at were up to date.

There was a clear leadership structure with named members of staff in lead roles. For example, one of the partners was the lead for safeguarding and there was a lead nurse for infection control. Other partners had lead roles in for example, working with the CCG and carers. We spoke with eight members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice had achieved 99.7% in the clinical domain of the Quality and Outcomes Framework (QOF) and 99.4% overall in the previous year. The practice was on track to achieve the same this year (2014/15). We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

The practice had carried out clinical audits which it used to monitor quality and systems to identify where action should be taken. For example, to improve prescribing practice and a review of its intrauterine contraceptive device service.

The practice had carried out a range of risk assessments reviewing environmental and personal risks, to ensure the

health and safety of patients, visitors and staff members. The practice had a service continuity plan in place in case of emergency. Relevant contact numbers for staff and resources were recorded in the plan. These were to be used in the event of an incident that effected the operation of the service to ensure, where possible, alternative provision could be made and patients were appropriately informed.

The practice had arrangements for identifying, recording and managing risks. We saw risks were regularly discussed at team meetings and updated in a timely way. Risk assessments had been carried out where risks were identified and action plans had been produced and implemented.

Arrangements were in place to ensure staff were clear about their responsibilities and were familiar with practice procedures. An annual practice meeting schedule was in place which covered partners meetings, clinical meetings and practice meetings. The meetings supported staff and ensured they were kept up to date with changes to practice systems. Staff told us they were comfortable to raise issues and concerns when they arose and were confident they would be dealt with constructively. We looked at notes from the last two meetings and found that performance, quality and risks had been discussed.

The practice held weekly clinical meetings where GPs and nurses discussed clinical issues including referrals and obtained support from colleagues.

The practice regularly reviewed its policies and procedures and implemented changes as a result of learning from serious events.

### Leadership, openness and transparency

We saw from minutes that team meetings were held regularly, at least monthly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

The practice manager was responsible for human resource policies and procedures, contained within the staff handbook. We reviewed a number of policies, for example, recruitment, confidentiality and whistleblowing, which were in place to support staff. We were shown the staff handbook that was available to all staff, which included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required.



# Are services well-led?

Good 

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

All staff spoke about a desire to provide high quality, patient centred care. The practice benefited from dedicated long serving staff. Staff described a supportive and inclusive environment where individual roles were valued. The GPs in the practice emphasised a strong focus on education and learning for all staff.

All staff spoke highly of the practice leadership in terms of open approach and supportive team culture

## **Practice seeks and acts on feedback from its patients, the public and staff**

The PPG consisted of seven core members. We spoke with two representatives of the PPG. They were very enthusiastic about their roles and were committed to working with the practice to improve services. The PPG held meetings with the practice every two months to discuss issues, for example, the 2014 PPG action plan. We saw all actions had been implemented including early morning surgeries and the facility to request repeat prescriptions on line.

The practice welcomed feedback from the public, via a suggestion box in the reception area, NHS choices website and the NHS Friends and Family test (FFT). The recent FFT results were very positive with 95.9% patients extremely likely or likely to recommend the practice.

The practice engaged with staff informally and formally through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff gave examples of when they had raised concerns if they felt it necessary. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistleblowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice. Staff we spoke with were aware of the policy.

Staff told us they felt valued as part of the practice team. There were opportunities for formal and informal communication for staff, to ensure issues were raised and managed appropriately. An annual meeting schedule was in place which included significant event meetings, clinical meetings and practice business meetings.

## **Management lead through learning and improvement**

Staff told us that the practice supported them through mandatory training updates, for example, in infection control, child safeguarding and basic life support. All staff had been appraised in the last year. Staff told us they felt the appraisal was a meaningful process and identified areas for future personal development. We saw examples of this in the staff training records we reviewed.

All the GPs mentioned the practice's focus on education and learning. The practice maintained an annual learning log which contained all learning issues identified, for example, new prescribing guidelines, NICE guidance and reminder about support groups for patients.

The practice had completed reviews of significant events and other incidents and shared with staff at team meetings to ensure the practice continuously improved outcomes for patients.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.