

Woodlea House Surgery

Quality Report

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Bournemouth

Dorset

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Woodlea House practice on Tuesday 27 September 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
 - The practice was involved in the Unplanned Admissions scheme and a clinical commissioning group (CCG) locality project for the care of the over 75's.
- GPs provided a primary medical service to a local care home and had 13 permanently registered patients living there. GPs offered a weekly ward round and also visited on other days if required. The home had a quick access telephone number.
- 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.
- The practice proactively identified carers within the practice patient list and worked closely with the voluntary services coordinator to signpost patients to services which included coffee mornings, counselling services, support groups and befriending organisations.
- Practice staff passed on information about voluntary services as much as possible to try and get support for those who would benefit from it. For example, the Cinnamon Trust who arranged care for dogs when people have to be admitted to hospital or who become too frail to care for their dog, and 'The Silver Line', a 24 hour call line for elderly people to call if they are lonely.

Summary of findings

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.
- All aspects of administration within the organisation were clearly followed, detailed, structured and kept under review.

- The leadership was non-hierarchical and supportive and was used to drive and improve the delivery of high quality person-centred care.

We saw two areas of outstanding practice:

- There was a practice led weekly 'cancer care' meeting where patients with a newly diagnosis of cancer or vulnerable patients with cancer were discussed to ensure they were receiving appropriate support and treatment. The meetings had resulted in increased social care input and interventions which benefitted patients.
- The practice had identified 170 patients as carers (4.3% of the practice list). This was an increase of 89 patients since April 2015. The practice had set themselves a target to reach 5% at the end of the year and had a plan in place to achieve this.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Recruitment procedures and checks were completed as required to ensure that staff were suitable and competent.
- There were appropriate arrangements for the efficient management of medicines.
- Health and safety risk assessments, for example, a fire risk assessment had been performed and was up to date.
- The practice was clean, tidy and hygienic. We found that suitable arrangements were in place that ensured the cleanliness of the practice was maintained to a high standard.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- 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.

Summary of findings

- The practice had set up a weekly 'cancer care' meeting where patients who had been newly diagnosed cancer or the vulnerable patients with cancer were discussed to ensure they were receiving adequate support.

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 several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice proactively identified carers within the practice patient list and worked closely with the voluntary services coordinator to signpost patients to services which included coffee mornings, counselling services, support groups and befriending organisations.
- Practice staff passed on information about voluntary services as much as possible to try and get support for those who would benefit from it. For example, the Cinnamon Trust who arranged care for dogs when people had to be admitted to hospital or who become too frail to care for their dog and 'The Silver Line', a 24 hour call line for elderly people to call if they are lonely.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared

Summary of findings

with staff and other stakeholders. For example, the practice had made changes to the complaints process following a survey which had resulted in information being more clearly displayed in the waiting areas.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- All aspects of administration within the organisation were clearly followed, detailed and structured.
- The leadership, governance and supportive culture of the practice was used to drive and improve the delivery of high quality person-centred care.

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 outstanding for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was involved in the Unplanned Admissions scheme and a clinical commissioning group (CCG) locality project for the care of the over 75's. A practice nurse completed an assessment template with patients aged over 75 which included assessments for pressure sores, chronic disease management and low mood.
- The practice had 152 patients over 75 year old on the at risk register, this represented 4.9% of the patient list. Each of these patients had an individual, care plan and access to a by-pass number to use if they felt their condition was deteriorating.
- GPs provided a primary medical service to a local care home and had 13 permanently registered patients living there. GPs offered a weekly ward round and also visited on other days if required. The home had a quick access telephone number.
- Practice staff passed on information about voluntary services as much as possible to try and get support for those who would benefit from it. For example, the Cinnamon Trust who arranged care for dogs when people have to be admitted to hospital or who become too frail to care for their dog, and 'The Silver Line', a 24 hour call line for elderly people to call if they are lonely.

Outstanding



People with long term conditions

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

- The practice had a clinical lead and deputy clinical lead for all long term conditions and systems in place to maintain up to date disease registers for all long term conditions.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients were encouraged to attend for disease management screening. Systems were in place to encourage patients to attend these reviews.

Good



Summary of findings

- The practice proactively searched to find patients who should be on the disease register. For example in 2015/16 the practice performed an audit to establish any patients with asthma who may not have previously been identified to ensure they were monitored effectively.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients with chronic obstructive pulmonary disease were given self-management plans and were encouraged to self-care with the use of rescue medication
- The diabetic nurse specialist from Royal Bournemouth Hospital met with the diabetic lead nurse on a monthly basis to discuss the more complex diabetic patients

Families, children and young people

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

- The practice had a higher than average local and national number of younger patients, including young mothers, single parent families, child protection cases, domestic violence and vulnerability.
- 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.
- The practice offered after school appointments with the nurses and doctors. The nurses also provided extended hours appointments.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Children who were unwell were always seen on the same day and if a child was unwell at the end of the week a leaflet was given to the parent about the out of hours support available during the weekends and bank holidays.

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 encouraged the use of their on line services to make it easier to book appointments, order repeat prescriptions and look at records. 40% of patients had currently signed up for on line services.
- The practice encouraged screening for working age people such as mammograms, aortic aneurism screening, bowel screening, cervical screening and promoted self-examination.
- Practice staff followed up any patients who had not responded to screening invitations so that they knew they were welcome to make contact if they wish to re-engage.
- The practice had systems in place to identify military veterans and ensured their priority access to secondary care in line with the national Armed Forces Covenant 2014. The policy had been reviewed in September 2016. The practice had identified 27 military veterans to date.

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.
- The practice offered longer appointments for patients with a learning disability.
- The practice had a learning disability register of 17 patients. This equated to 0.5% of the practice population. Fifteen of these patients had had a health check over the previous year. Practice staff encouraged these patients to bring their personal care plans to appointments. Practice staff worked with two locality learning disabilities nurses who had visited the practice to inform staff how they could support patients
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- All the team have undertaken PREVENT training (awareness of how to prevent radicalised extremism) and were aware that more vulnerable people were more at risk of becoming radicalised. Staff were aware of things to observe for and who to contact if they had concerns.
- Practice staff supported patients who were battling with addiction by joint working with other health care professionals.

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).

- In 2014/15 the practice prevalence of patients with mental health problems was 1.1% compared to the CCG at 0.9% and the national average of 0.9%. The GPs worked effectively to encourage these patients to attend the surgery to be monitored. In 2015/16 94% of the MH patients attended the surgery and had a blood pressure check compared to 73.8% in the previous year.
- There were 43 patients on the mental health register which represented about 1% of the practice population. 36 patients of these 43 had a care plan agreed and reviewed in the past 12 months (90%)
- The GPs also provided care for patients with obsessive compulsive disorder and personality disorders.
- The GPs encouraged these patients to see the same GP for continuity and considered themselves fortunate that the small list size enabled GPs to know patients very well and to recognise quickly if patients were in danger of spiralling into a crisis or needed intervention and support.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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.
- The practice dementia prevalence for 2014/15 was 1.1% which was higher than the CCG and national average. The practice had 38 patients on the dementia register and had a system in place to ensure patients with memory capacity impairment (MCI) were known to the GPs so monitoring could take place.
- The practice worked with a representative from 'My health, My way' (My Health My Way is a support service to help patients develop the confidence, knowledge and skills to tackle symptoms such as immobility, breathlessness, anxiety or daily pain) who saw patients on a 1:1 basis for an hour for life coaching, the uptake for this service had increased as patients felt more motivated and comfortable about seeing a counsellor at the practice.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line national averages. 257 survey forms were distributed and 106 were returned. This represented 2.7% of the practice's patient list.

- 77% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 82% of patients described the overall experience of this GP practice as good compared to the national average of 85%).
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received. Patients said they would recommend the practice and said staff were friendly, polite, helpful and were caring.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients said they could choose which GP they saw, although this did result having to wait for an appointment.

We saw the last four months of the friends and family test results. These showed that of the 52 patients 43 were either extremely likely or likely to recommend the practice to friends and family. Three patients were unlikely to recommend the practice with the remaining six patients recording a neutral view point.

Outstanding practice

We saw two areas of outstanding practice:

- There was a practice led weekly 'cancer care' meeting where patients with a newly diagnosis of cancer or vulnerable patients with cancer were discussed to ensure they were receiving appropriate support and treatment. The meetings had resulted in increased social care input and interventions which benefitted patients.
- The practice had identified 170 patients as carers (4.3% of the practice list). This was an increase of 89 patients since April 2015. The practice had set themselves a target to reach 5% at the end of the year and had a plan in place to achieve this.

Woodlea 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 specialist adviser.

Background to Woodlea House Surgery

Woodlea House Surgery is situated in a residential suburb of Bournemouth, Dorset.

The practice has an NHSE general medical services contract to provide health services to approximately 3,950 patients. The practice is open between 8.30 and 6pm Monday to Friday. Extended hours appointments are offered on Monday evenings when the practice is open until 8.30pm. There is also a late night nurse clinic once a month. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent on the day emergency slots in the morning and afternoon were available. Telephone appointments and triage appointments are also available. Children who were unwell are seen on the same day.

The practice has opted out of providing out-of-hours services to their own patients and refers them to South Western Ambulance Service via the NHS 111 service.

The mix of patient's gender (male/female) is almost 50%. 9% of the patients are aged over 75 years old and 3% of the patients are over the age of 85. This is comparable to the CCG average but higher than the national averages of 8% and 2% respectively. Public Health England data from 2016 showed that 91.6% of patients at the practice are white

British, 2.2% are mixed, 4.4% are Asian and 1.8% are other non-white ethnic groups. The deprivation score is recorded as 4, on a scale of 1-10. One being more deprived and 10 being less deprived.

The practice has an established team of four GPs. This equates to 2.6 whole time equivalent GPs. There is one male and three female GPs. Two of the GPs are partners who hold managerial and financial responsibility for running the business. The GPs are supported by a practice manager, a project manager, two practice nurses and a team of administration staff who carry out reception, administration, scanning and secretarial duties.

We carried out our inspection at the practice's only location which is situated at:

1 Crantock Grove

Bournemouth

Dorset

BH8 0HS

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on Tuesday 27 September 2016.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?

- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. For example, events were discussed as they occurred within the weekly clinical meetings and were then discussed and reviewed at the quarterly protected learning meetings with the whole team. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a shingles vaccine was given to a patient who for clinical reasons should not have received it. Records showed that the patient was informed of the error, treated appropriately and followed up. Action including changing the computer system to alert staff not to administer this vaccine to patients with these conditions. A review of this event showed that there had been no further errors of this kind made.

We saw there were systems in place to report any events externally to share learning. We saw examples of sharing with safeguarding teams, CCG, controlled drugs accountable officers and other practices.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were trained to level two and were in the process of training to achieve level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. The last audit was performed in April 2016. Actions taken included improved signage for samples, providing guidance for receipt of refrigerated vaccines and communication with cleaners regarding management of dirty water. The seating in the waiting area was not easily cleanable and the fabric covering was torn in places. Business plans and discussion with staff confirmed that replacement of this seating was planned with an aim to be completed by the end of the year.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk

Are services safe?

medicines. The practice had amended their medicine review policy to ensure safer monitoring and prescribing of high risk drugs. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. Any prescription errors were dealt with as significant events and discussed at the weekly clinical meetings and significant event meetings.

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available on the practice computer system which identified local health and safety representatives. Staff understood that it was their duty to report any concerns. The policies were updated annually.
- The practice had up to date fire risk assessments and carried out regular fire drills which were recorded within the fire log book. An independent fire protection company carried out six monthly fire inspections of the practice. A mock fire with volunteers was staged in 2015 with the whole practice team attending.
- All electrical equipment had been checked in May 2016 checked to ensure it was safe to use and was due for retest in May 2017. Clinical equipment had been checked in August 2016 to ensure it was working

properly and was due for retest in August 2017. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Legionella risk assessments were performed every two years. Records showed that the next risk assessment was due in August 2017.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice received blood test results electronically and were directed to the requesting GP and also appeared on the common results page. There was a buddy system to ensure that results are dealt with that day.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive disaster recovery plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The disaster recovery plan was updated and shared with staff at a recent formal protected learning time event.

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. Updates to the NICE guidelines were communicated with staff and stored on the practice computer system. NICE guidance was discussed at weekly and clinical meetings and the protected learning meetings. Computer clinical templates were regularly updated in line with NICE. Practice staff used a computer based system for clinical decision support.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

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). In 2015/16 the practice had achieved 545/545 QOF points. This had been achieved through persistent review of patients on the disease register and an organised system of recall. Exception reporting for 2015/16 was reported at 10.5%. (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). The practice had been disappointed with the exception reporting for 2014/15 and had reflected on this and put new measures in for 2015/16 which had resulted in a drop of 4% in exception coding in 2015/16 despite the increase in disease prevalence. These measures had included a more robust recall system, education of patients who were reluctant to attend for a review of their condition and improved identification of conditions on the computer system.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators were consistently higher than the national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination was 95.7% compared to the national average of 88.3%. The percentage of patients with diabetes, on the register, in whom the last blood sugar recording was within normal limits was 88.95% compared to national averages of 77.5%.
- Performance for mental health related indicators were also consistently better than national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record was 97.6% compared to the national average of 88.5%. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 97.62% compared to the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits completed in the last two years. Four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit in 2015 to identify patients who had a prescription for an inhaler but had not yet had a diagnosis of asthma or chronic obstructive pulmonary disease (COPD). 126 patients were identified. The audit identified 19 of these patients had a diagnosis of asthma or COPD but had not been identified on the computer system correctly. 22 patients were seen and officially identified as being asthmatic. A repeat of this audit in 2016 showed that 19 of these patients had a diagnosis of asthma or COPD but had not been identified on the computer system correctly and 14 of these patients had been invited to attend the surgery for a review of their symptoms.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff explained that they were able to access five days pro rata for training in addition to the mandatory training they were expected to achieve. There were formal protected learning time events four times a year where subjects were discussed and training offered. Recent topics had included military veterans treatment, female genital mutilation and interpretation and translation services. Minutes were kept of the protected learning time sessions and were comprehensive and acted as a learning source for all practice staff.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Learning plans were stored in staff files. 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months, with the exception of practice manager who was scheduled to have an in house appraisal in the week following the inspection.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The training programme had been expanded to include deprivation of liberty safeguard training and Mental Capacity Act.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

The surgery had been involved in the Avoiding Unplanned Admission scheme and currently had 142 patients on the at risk register which represented 4.6% of the practice adult population. Each of the patients on the 'at risk' register had a named GP but were aware that they could consult with any GP of their choice. Each patient had a personalised care plan. In addition, the practice were running a project for vulnerable patients over the age of 75 which included visiting patients at home. The practice had found that despite these efforts there had continued to be emergency department attendances and emergency admissions for these patients but there had been a reduction of social isolation. The GPs were currently performing in house reviews and audits to assess whether anything could have been done to prevent these episodes and admissions. The practice were also part of the clinical commissioning local improvement plan to improve integrated care, identifying risk, case management, care co-ordination and improving multidisciplinary team working.

All end of life (EOL) patients were reviewed monthly at the practice clinical meetings. A GP maintained the register and also completed EOL templates so that information could be shared with relevant health care professionals and out of hours providers to improve communication and continuity of care.

Are services effective?

(for example, treatment is effective)

The practice had set up a weekly 'cancer care' meeting where patients who had been newly diagnosed cancer or the vulnerable patients with cancer were discussed to ensure they were receiving adequate support. The meetings were held the day after the multidisciplinary team meetings and were used to review cancer care to ensure care and treatment had been as effective as it could have been. The meetings had resulted in earlier referral for symptom control, improved communication of the team about hospital admissions, and increased social care input and interventions which benefitted patients. For example, a practice nurse had received specialist training to maintain an intravenous line (**IV lines** (sometimes called "drips") are often used in hospital to give fluids or medicines to patients) to reduce hospital admissions for one patient.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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 signposted to the relevant service. For

example, smoking cessation advice was available at the practice. Between 1 April 2015 and 1 April 2016 402 patients (10%) had been given smoking cessation advice during their consultations.

- The practice offered in house 24 hour blood pressure (BP) monitoring, heart monitoring, spirometry and had a plentiful supply of BP monitors for home readings
- Staff were aware of where to signpost patients who wish to lose weight and increase their exercise. A weight management group was currently being finalised and to be led by the diabetic lead nurse.

The practice's uptake for the cervical screening programme was 74.3%, which was lower than the CCG average of 77% but in line with 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 by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93.3% to 100% which were comparable with the CCG averages of 93% to 97%. Immunisations for five year olds from 90.7% to 98.1% which were comparable with the CCG averages of 92% and 95% .

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to 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 national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% 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. We also saw that care plans were personalised and copies given to patients.

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 in line with local and national averages. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

Feedback from the 22 comment cards and six patients showed that patients felt involved in their care and treatment. Patients said they were able to discuss and make decisions about their care.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Translation services had been discussed at recent protected learning time events which reminded staff of the service available.
- Information leaflets were available in easy read format.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 170 patients as carers (4.3% of the practice list). This was an increase of 89 patients since April 2015. The practice had set themselves a target to reach 5% at the end of the year and had a plan in place to achieve this. This included continued working with the CCG carers lead and continuing with the successful systems used at present. Staff explained that they found the annual flu clinics an invaluable way of identifying carers and had identified a member of the reception staff to identify and offer services to carers. Written information

was given to patients when they joined the practice and information was displayed on a carer's notice board was situated in the waiting room and on the practice website. There was representation from the voluntary services at the monthly multiple disciplinary team meetings who were happy to contact carers and offer them tailored support (with the carer's consent).

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

The practice had systems in place to identify military veterans and ensure their priority access to secondary care in line with the national Armed Forces Covenant 2014. The policy had been reviewed in September 2016. The practice had identified 27 military veterans to date.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered late evening appointments with the GP or the practice nurse on a Monday evening until 8.30pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients who needed them. Reception staff were able to recognise these patients.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- The practice promoted the use of the online booking service and currently 40% of patients were signed up for this. The service was promoted on the practice website, social media site and in the surgery.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Appointments were available during these times. Extended hours appointments with a GP or practice nurse were offered on Monday evenings when the practice was open until 8.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent on the day emergency slots in the morning and afternoon were available. Telephone appointments and triage appointments were also available. Children who were unwell were seen on the same day.

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

- 63% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 76% of patients said they could get through easily to the practice by phone compared to the national average of 73%).

Discussions with patients on the day of inspections and comment cards did not align with these survey findings. Patients told us on the day of the inspection that they were able to get appointments when they needed them but occasionally had to wait a little longer to see the GP of their choice. For example, only one of the 22 comment cards and one of the six patients referred to an occasional problem accessing appointments to see a particular GP.

Listening and learning from concerns and complaints

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

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

We looked at six complaints received in the last 12 months and found these had been satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a complaint about correspondence and communication had resulted in action being taken to address the issue, an apology to the patient and explanation to the patient of the system used at the practice. The patient was satisfied with this outcome.

Complaints about members of staff were managed by the practice manager and details stored in staff files. GPs who had received complaints had had 360 degree feedback (feedback from colleagues, peers and patients) to ensure there were no trends.

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

The practice had made changes to the complaints process following a survey in 2015 where 82 out of 100 patients stated that they did not know how to make a complaint. This had resulted in information being more clearly displayed in the waiting areas.

The practice also collected the many thank you cards and letters of praise which were sent to the surgery. Individual staff were informed of these and cards were displayed in staff areas.

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 clear objectives which were on the website and shared with staff who knew and understood the values. A patient charter was also listed on the website and within the patient information leaflet.
- 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 supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. There were also systems in place to share learning from these audits. For example, weekly clinical meetings and quarterly protected learning time meetings were used to share learning from external training days and inform staff on updates of local and national guidelines.
- All staff were encouraged to be open and transparent and were fully committed to reporting incidents and saw the process as an opportunity to learn rather than blame. The level and quality of incident reporting was detailed and showed a thorough analysis and investigation and openness to share learning with external stakeholders. All staff were encouraged to participate in learning and to improve safety as much as possible.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

All aspects of administration within the organisation were clearly followed, detailed, structured and kept under review. All staff were aware of these processes and were encouraged to be involved in the development and were aware of their responsibilities in keeping them under review.

Leadership and culture

The leadership, governance and supportive culture of the practice was used to drive and improve the delivery of high quality person-centred care. Governance, administration and performance management arrangements were non-hierarchical, organised, detailed, structured and kept under review .

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

- Staff told us the practice held regular team meetings. For example, in addition to clinical and multidisciplinary team meetings the practice held a 'Friday forum' meeting for all administration staff to meet, share ideas and discuss any patients of concern or issues affecting the team. Staff we spoke with found these meetings useful and supportive.

Are services well-led?

Good 

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues either informally or at team meetings and felt confident and supported in doing so. Staff we spoke with said the practice was a great place to work and this was reflected by the low turnover of staff. Compliments were made about the GPs and practice managers.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG group communicated by email but the representative met with the PPG lead at the practice regularly. The PPG representative explained that coffee mornings, posters and articles in the newsletter were used to attempt to increase numbers. The representative explained that the practice staff were responsive to new ideas and were able to suggest changes. For example, the waiting room had been decluttered and electronic prescribing had been promoted. The practice had a social media site which was used to obtain feedback, advertise screening

and vaccination programmes and share news about the practice. There were also a small group of volunteers who had recently carried out garden maintenance at the practice.

- The practice also used information from the friends and family test and patient surveys to improve the service. For example, survey comments included feedback that reception staff could sometimes be brusque. This had resulted in all administration staff completing customer care training.
- The practice had gathered feedback from staff through staff meetings, appraisals and informal 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

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, one of the practice objectives for 2016/17 is to become an 'iSpace' dementia friendly practice (iSpace is part of a CCG led project which promotes a suite of resources to help make a GP surgery dementia friendly). The practice were working collaboratively with other practices in the locality to support each other with this process.
- The practice worked with 21 other practices in the area to share ideas and work together to deliver extended care for the local population.