The Wooda Surgery

Quality Report

Clarence Wharf
Barnstaple Street
Bideford
Devon
EX39 4AU
Tel: 01237 471071
Website: http://www.woodasurgery.co.uk/

Date of inspection visit: 28 September 2017
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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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This announced focused inspection was carried out on 28 September 2017. The practice and the Care Quality Commission had received concerns about how patient blood test results were communicated and led to medicine changes in the system. The focus of the inspection was to determine whether safeguarding and risk reduction systems were embedded within the practice.

At the previous comprehensive inspection on 2 October 2014 we saw the practice was making improvements as a result of learning from a safeguarding process. In January 2015, the published overall rating for the practice was Good. The full comprehensive report for the October 2014 inspection can be found by selecting the 'all reports' link for The Wooda Surgery on our website at www.cqc.org.uk.

Overall the practice is rated as Good

Our key findings were as follows:

- The practice had clearly defined and embedded systems to reduce potential risks for patients. Governance had been strengthened and the monitoring of results demonstrated timely involvement of specialist hospital teams where appropriate and successful outcomes for patients receiving treatment for wounds.
- From the sample we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice.Examples seen demonstrated wider engagement across the health and social care sector.A resolution of how blood results and medicine changes for patients would be communicated to nursing homes had been agreed.The practice had initiated discussions and been involved in the development of a North Devon wide wound management protocol for community and practice nursing teams.This also provided guidance about when to refer a patient to the hospital specialist tissue viability team.
- Succession planning and implementation of GP recruitment and retention was effective, within the context of the severe national shortage of GPs.
- The clinical team of GPs had changed by 50% and the management team had totally changed since the Wooda Surgery was last inspected. Half of patients

Summary of findings

registered at the practice had been allocated a new named GP and as a result of these changes their care and follow up needs were reviewed at the same time.

- Audit was used proactively in the planning and improved patient access to a range of appointments each day. A triage system was in place, which had safeguards in place to promote continuity of care, reduction of any potential risks and appropriate signposting took place for patients. GP sessions during absences were covered internally with few locum GPs being used. The practice policy prevented locum staff from doing triage so that only GP partners did 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?

Good

The practice is rated as Good for safe services

- A rolling programme of searches demonstrated the practice had assurance of embedded shared learning and reduction of risk, so that patients experienced high quality care and treatment.
- The governance of safeguarding and risk reduction systems had been strengthened since the last inspection.

The Wooda Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The focused inspection was carried out by a Lead CQC Inspector. The team included a GP specialist adviser.

Background to The Wooda Surgery

The Wooda Surgery was inspected on Thursday 28 September 2017. This was a focused inspection.

The Wooda Surgery provides primary medical services to approximately 9000 patients, living in the North Devon town of Bideford, and the surrounding areas. The report relates to the Regulated Activities carried out at:

The Wooda Surgery

Clarence Wharf,

Barnstable Street

Bideford,

Devon

EX39 4AU

The practice population is in the fifth more deprived decile for deprivation. In a score of one to ten the lower the decile the more deprived an area is. There is a practice age distribution of male and female patients equivalent to national average figures. Average life expectancy for the area is comparable to national figures with males living to an average age of 80 years and females to 83 years.

The practice has seven GP partners, who held managerial and financial responsibility for running the business. The GP partners are supported by a salaried GP. Between them they provide 45 GP sessions each week and are equivalent to 5.625 whole time employees (WTE). Five GPs are male and three are female. The GPs are supported by one nurse practitioners, four practice nurses and three Health Care Assistants (HCAs). The practice has a business manager, practice manager and 14 administrative and reception staff.

Patients who use the practice have direct access to community staff including district nurses, health visitors and midwives and can be referred via their GP to physiotherapists, mental health staff, counsellors, chiropodist and community psychiatric nurses.

The practice is open between 8am and 6pm Monday to Friday and offers extended access to 7.30pm on two evenings per week. Appointments are available from 8:30am until 12pm and between 2.30pm and 5.30pm. The practice operates a mixed appointments system with some appointments available to pre-book and others available to book on the day. The practice also offers telephone consultations. At evenings and weekends, when the practice is closed patients are directed to the NHS 111 and out of hours service operated by another provider.

The practice offers online booking facilities for non-urgent telephone appointments and an online repeat prescription service.

The Wooda Surgery is a GP training practice providing registrar placements for qualified doctors wanting to qualify as GPs and foundation year two (F2) doctors and students.

Why we carried out this inspection

We undertook a comprehensive inspection of the Wooda Surgery under Section 60 of the Health and Social Care Act

Detailed findings

2008 as part of our regulatory functions. The practice was rated as Good. The full comprehensive report following the inspection in October 2014 can be found by selecting the 'all reports' link for the Wooda Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of the Wooda Surgery on 28 September 2017. This inspection was carried out to determine whether safeguarding and risk reduction systems were embedded within the practice.

How we carried out this inspection

We carried out an announced focused inspection at short notice. We looked at management and governance arrangements and a sample of records. We discussed these with four GP partners, the nurse practitioner, a practice nurse, the practice manager and the business manager.

Good

Are services safe?

Our findings

At our previous inspection on 2 October 2014 we rated the practice as good for providing safe services. There were areas where the practice was making improvements, related to safeguarding and communicating with hospital and community staff who shared the care of some patients. Concerning information was received by the Care Quality Commission and the practice. This and improvements underway in 2014 provided a focus for this inspection to determine whether changes being made were embedded and safety sustained for patients through effective management of risks.

Overview of safety systems and processes

At the inspection in October 2014, we found a past safeguarding alert and subsequent external and internal investigation and analysis had highlighted the need for some improvements at the practice. These included the need to involve the GP lead for safeguarding, improvement to the practice safeguarding policy and guidance, and improvements in communication with hospital and community staff who shared the care of some patients. In October 2014, nurses and management had been acting on these learning points. Since then there had been no other alerts.

In September 2017, we found the practice had strengthened governance arrangements having reviewed lead roles and responsibilities for all GPs. This included having named safeguarding lead GPs, responsible for oversight of all safeguarding activities at the practice. Named members of senior staff carried out frequent searches on the computer system to identify and reduce any potential risks for patients. For example, the nurse coordinator monitored outcomes for patients on the wound register. Information collated whether healing was taking place, the appropriateness of treatments and whether specialist hospital advice had been sought in a timely way for patients. We looked at the register and tracked the care of a patient who was receiving treatment for a complex wound. This demonstrated timely advice was sought from the hospital tissue viability team and appropriate changes to treatment had taken place. At the time of the inspection, register records showed that the patient's wound was nearly healed. The nurse coordinator utilised information being monitored about patient outcomes for discussion and identification of any clinical training the team required.

The Care Quality Commission (CQC) received concerning information from other community health staff involved in supporting patients living in care homes. This highlighted concerns about the way the practice communicated dose changes for patients on blood thinning medicines. Records showed that the practice had acted on these concerns, consulted widely with other stakeholders and peers, and had reached an agreement about how results and changes to patient care and treatment were communicated.

The practice had systems in place promoting patient safety including those patients on high risk medicines. There was a task group comprising of the nurse practitioner and a GP partner with responsibility for monitoring these systems. We looked at the system for the safe management and monitoring of patients prescribed with warfarin (blood thinning medicine). GPs said there were two systems in place. The majority of patients were being monitored at the practice. Their blood was tested and results processed by the practice with the patient being advised immediately about the appropriate dose to take before leaving. Patients were also given their next appointment before leaving. The practice had a safety system in place where a monthly check of the recall system was undertaken to identify any patients who were overdue their blood tests. This system included patients under the care of the hospital as well as patients monitored at the practice. Staff contacted all patients who did not attend their appointment on the same day to arrange a new appointment.

Some patients with blood and heart conditions were under the care of the hospital. The practice had a contract with the hospital to take and process the blood results for these patients prescribed with warfarin, reporting back to the hospital consultant. For these patients, blood tests and advice on correct dose was communicated directly to the patient by the hospital. The practice had a system in place ensuring patient prescriptions matched this information and tests were being done as per national guidelines.

Audit was used proactively to ensure staffing levels were appropriate and safe. For example, monthly audits were undertaken to assist in the forward planning and improved patient access to a range of appointments each day. From this information, we saw there was increased capacity for

Good

Are services safe?

longer nurse appointments for those patients needing treatment for wound healing. The practice had further safeguards in place, which included: management of staff holidays to ensure there was adequate cover, with limited use of locum GPs or nurse to back fill sessions. Records showed the practice had rarely used locum GPs in 2017. Staff told us the practice only used two named locum GPs to increase continuity of care for patients through their familiarity of practice safeguards and policies in place.