

# Woosehill Medical Centre

## Quality Report

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Woosehill Medical Centre on 23 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. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients were complimentary about how they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found that making an appointment with a named GP had improved since the practice had reorganised the appointments system. A more stable team of GPs was also in post which facilitated continuity of care, with urgent appointments available the same day.
- The practice had spacious, good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- Practice nursing staff were well trained to carry out their clinical tasks. However, their awareness of requirements in seeking consent from patients who may not have capacity to understand their treatment, and those under the age of 16 was inconsistent.

# Summary of findings

- Patient feedback from the last national patient survey showed patients rated the care they received from the previous team of GPs lower than other practices. The practice had not sought feedback on the care received since the establishment of the current GP team to assess whether patient opinion had improved.

The area where the provider must make improvement is:

- Ensure the views of patients are sought and acted upon in regard to the care and attention they receive from GPs and nurses.

The areas where the provider should make improvement are:

- Update nursing staff on legal requirements surrounding consent from patients under the age of 16 and those who might not have the capacity to understand their treatment. Nursing staff sought GP support when they encountered these situations.

**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.

- 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.
- Systems to manage medicines safely were operated effectively.
- The practice operated appropriate processes to reduce the risk of cross infection. There was a focus on maintaining safe and hygienic surroundings in which to deliver patient care.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- The percentage of patients diagnosed with diabetes achieving target blood pressure was 82% compared to the clinical commissioning group (CCG) average of 79% and national average of 78%. (In 2015/16 the practice achieved 87% of all the diabetes indicators)
- The take up rate for cancer screening programmes was above average. For example, 68% of eligible patients attended for bowel cancer screening compared to the CCG rate of 65% and national average of 58%.
- 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.

Good



# Summary of findings

- Nursing staff were supported and encouraged to maintain and enhance their skills. Particularly in the area of supporting patients with long term conditions.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Nursing staff were not fully conversant with the legal requirements of consent from patients under 16 years of age.

## Are services caring?

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

- Data from the national GP patient survey related to the practice before the current team of GPs came into post. It showed patients rated the practice below others for several aspects of care. The current practice team was aware of this but had not sought patient feedback for this aspect of service delivery.

There were examples of good practice. Such as:

- Patient feedback gathered on the day of inspection was positive about the caring and compassionate treatment received from GPs and nurses.
- 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 confidentiality.

**Requires improvement**



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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. For example, the practice hosted the local borough service for screening for cardio-vascular disease. It was also the base for ophthalmic eye screening for patients registered throughout Wokingham CCG.
- Patients said they found it easy to make an appointment with urgent appointments available the same day.
- The practice had spacious, modern and had good facilities. It was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

**Good**



# Summary of findings

- The practice responded to feedback regarding appointment availability. Changes had been made to the appointment system to make more urgent appointments available each day. Appointment availability was actively reviewed each week.
- A wide range of both NHS and private services were available at the practice. This helped patients avoid lengthy and time consuming trips to hospital clinics.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure which had developed from the previous partnership. Salaried GPs were fully involved in taking lead responsibilities for aspects of service delivery. For example a salaried GP was prescribing lead.
- Staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. Staff had been involved in developing the revised appointment system.
- 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 (PPG) was active and conducted patient surveys. There was evidence of the practice and PPG working together to plan response to patient feedback.
- There was a focus on continuous learning and improvement at all levels.
- The practice was continually looking to expand the range of services offered at the premises.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Five patients who completed CQC comment cards made special mention of the highly compassionate care the practice gave to elderly relatives.

Good



### People with long term conditions

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

- Nursing staff supported the GPs in chronic disease management.
- Patients at risk of hospital admission were identified as a priority.
- In 2014/15 the percentage of patients diagnosed with diabetes achieving target blood pressure was 82% compared to the clinical commissioning group (CCG) average of 79% and national average of 78%. (In 2015/16 the practice achieved 87% of all the diabetes indicators). The data from 2014/15 refers to the achievements of the previous partnership.
- 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.
- The practice operated an effective system of recalling patients with long term conditions for their health reviews and follow ups. There was a focus on ensuring every opportunity was given to attend for these reviews.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients 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 patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 84%, which was better than the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

## **Working age people (including those recently retired and students)**

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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 offered early morning telephone consultations on three mornings every week and one evening.
- Two Saturday clinics were held very month and one of these included the nurse practitioner. These extended hours benefited patients who found it difficult to attend during the working day.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good





# Summary of findings

- The practice informed vulnerable patients 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)**

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- In 2014/15 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%.
- The percentage of patients with a severe and enduring mental health problem with an agreed care plan was 94% compared to the CCG average of 95% and national average of 88% (2015/16 achievement of this indicator was 96%) In both years the practice had not excepted any patients in this group from this indicator.
- 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results were from July to September 2015 and January to March 2016 when the practice was still undergoing changes in the team of GPs and practice nurses. This meant that the team of GPs who work at the practice were newly appointed and were in a settling in period. Results at that time were either similar or below local and national averages. There were 240 survey forms distributed and 120 were returned. This represented 1% of the practice's patient list.

- 71% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group average of 76% and national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and national average of 85%.
- 71% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and national average of 85%.
- 58% of patients said they would recommend this GP practice to someone who has just moved to the local area compared the CCG average of 83% to the national average of 78%.

Since the survey was taken the practice had made numerous changes to improve access and feedback from patients. The team of GPs was relatively stable and stability would improve further upon the return of two

GPs from maternity leave. The practice had also undertaken a thorough review of their appointment system to increase the number of on the day appointments available.

We reviewed the most recent 69 submissions from patients who had completed the friends and family recommendation test. We saw that 85% of these patients said they would recommend the practice to others. The increase in the recommendation rate compared to the national survey reflected the more stable team of GPs in post. When we spoke with Wokingham Healthwatch they told us they had received a range of positive comments about the practice in the last six months.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards of which 23 were all positive about the standard of care received and the caring nature of the staff. They also said that they were given time to discuss their symptoms and concerns and received clear explanations of their treatment and care. Four patients commented on waiting over a week for a routine appointment in the past. We passed on comments from a patient who was concerned about the care they were receiving.

We spoke with three patients (one by telephone). All three said they were happy with the care they received and that staff were kind and professional.

# Woosehill Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector and a GP specialist adviser.

## Background to Woosehill Medical Centre

Woosehill Medical Centre changed their registration with CQC in April 2016. The practice is run by a GP who employs a team of salaried GPs to deliver the services to patients. The practice has undergone a significant change in personnel during the last 18 months. This has arisen due to retirements and resignations of the majority of the partners who were previously registered as the providers of the service. In addition there have been changes to the nursing and administration teams mostly arising from staff retiring.

The medical centre is purpose built and offers spacious and well equipped surroundings for the delivery of patient care to a registered population of approximately 12,000. There are nine GPs at the practice. Six are female and three male. They are equivalent to approximately 6.5 full time GPs. Two GPs are on maternity leave and are due to return to work in late September and November 2016. There is a team of six practice nurses. One is a nurse practitioner, three are registered nurses and they are supported by a health care assistant and a phlebotomist. The practice manager and a team of 19 administration and reception staff provide the management and administration support to the GP and nurse teams.

The age profile of the registered population shows a slightly higher than average number of patients in the age groups 0 to 9 years old and 35 to 59 years old. There are

fewer than average numbers of patients registered aged over 65 years old. Nationally reported data shows little instance of income deprivation in the area and the registered population are predominantly white British.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are offered from 8am to 12pm every morning and from 2pm to 6pm every afternoon. The practice offers extended hours on three mornings each week from 7.30am (telephone consultations) and one evening a week until 7pm. It is also open for Saturday clinics on two Saturdays each month from 9am to 11am.

The practice delivers services to patients via a General Medical Services (GMS) contract. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by Westcall. The out of hours service is accessed by calling 111. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice and in the practice information leaflet.

All patient services are delivered from:

Woosehill Medical Centre, Fernlea Drive, Wokingham, Berkshire, RG41 3DR

## 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

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 September 2016. During our visit we:

- Spoke with four GPs, the practice manager, two members of the practice nursing team and four of the administration and reception team.
- We also 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. There was a recording form available on the practice's computer system and held in a master policies folder in the reception office. 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. The learning from events was shared with the practice team via team meetings.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a significant event was recorded when the wrong patient's name was placed on a blood sample sent to the pathology laboratory. When the error was reported back by the laboratory the practice instituted a second check of using the date of birth as well as name to ensure the correct label was produced for all samples sent to the laboratory for testing.

### 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, and the nurse practitioner, were trained to child protection or child safeguarding level three. Other members of the nursing team were trained to level two and all administration and reception staff to level one.

- A notice in the waiting room advised patients that chaperones were available if required. The practice had a policy of only permitting nursing staff to act as chaperones. All 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). There was a late evening rota in place for the nursing team. This ensured there was always one member of the nursing staff on duty at times when a patient may require a chaperone during an examination by a GP.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be very clean and tidy. The nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. They had also taken training specific to the role. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, foot operated bins had been installed in both consulting and treatment rooms.
- 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 medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The

## Are services safe?

nurse practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. 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.

- 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 with a poster in the staff room which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. All staff held a copy of the emergency contact list and the plan had been reviewed in June 2016.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through 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). The most recent published results were for 2014/15 and these related to the partnership that preceded the current practice. The data from that year shows the practice achieved 98% of the standards. It was not an outlier for any of the indicators and there was a clinical exception reporting rate of 9% which matched the national average. Comparisons were available to other practices for this data. 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 also provided us with the most recent data for 2015/16 which showed the practice had achieved 96%. This data had yet to be validated and no comparisons were available at the time of inspection.

The 2014/15 data for the previous practice showed:

- The percentage of patients diagnosed with diabetes achieving target blood pressure was 82% compared to the clinical commissioning group (CCG) average of 79% and national average of 78%. (In 2015/16 the practice achieved 87% of all the diabetes indicators)
- The percentage of patients with a severe and enduring mental health problem with an agreed care plan was

94% compared to the CCG average of 95% and national average of 88% (2015/16 achievement of this indicator was 96%) In both years the practice had not exception reported any patients in this group.

- The percentage of patients who had a stroke or mini-stroke achieving target blood pressure was 89% which matched the national average and was comparable to the CCG average of 88%. (In 2015/16 the practice achieved 86%)

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits undertaken in the last year. Two 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: responding to the findings of a two cycle audit to ensure the practice was following clinical guidelines in treating patients presenting with a sore throat. The practice identified 30 patients in June and July 2015 whose records showed a diagnosis of sore throat or tonsillitis. At that time they found clinical guidelines had not been followed in full in regard to grading the diagnosis or prescribing antibiotics. This applied to eight patients who should not have been immediately prescribed antibiotics. The criteria were reinforced with all GPs at a clinical meeting. The template for recording action when this diagnosis was made was updated to make access to the guideline clearer. The second audit in January to March 2016 identified 76 patients with this diagnosis. This showed that the grading criteria had been applied for all 76. It also showed that the deferred prescribing of antibiotics was achieved for those patients that met the correct criteria. Clinical guidelines were being followed in all cases.

Information about patients' outcomes was used to make improvements such as: the practice had identified that they referred more patients to cardiology clinics than other practices in the area (cardiology is the branch of medicine that deals with diseases and abnormalities of the heart).

# Are services effective?

## (for example, treatment is effective)

The practice reviewed all their referrals to cardiology against the relevant clinical guidelines and outcomes of the referral. The review demonstrated that all referrals were appropriate.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Nursing staff attended refresher courses when they were available on the topics of diabetes and respiratory medicine.
- 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. 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.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

### 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 (MCA). The GPs we spoke with were confident in applying the decision making requirements. However, nurses told us they would not administer care without consent. They would ask the GPs for advice on the decision making process for patients they felt may not have capacity to understand their care and treatment. We noted that a further training session in applying the MCA was scheduled for November 2016.
- When providing care and treatment for children and young patients, GPs and the nurse practitioner carried out assessments of capacity to consent in line with relevant guidance. A member of the nursing staff was aware of the regulations relating to consent from patients aged fewer than 16. They told us they would seek guidance from a GP before accepting such consent. This could have resulted in this group of patients becoming concerned that their care, treatment and any concerns might be shared with their family when they did not wish this. We were assured that additional training would be provided for this member of staff as a matter of urgency.
- 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.



# Are services effective?

(for example, treatment is effective)

- 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.
- Smoking cessation advice was available at the practice. Data from 2015/16 public health targets showed the practice achieved 100% of the indicators. These include identifying smokers aged over 16 and providing them with advice on the benefits of stopping smoking.
- The practice hosted a clinic to screen patients for aortic aneurysm (a swelling of the blood vessel leading away from the heart through the abdomen. This can cause significant health problems and can prove fatal)

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG and 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 ensuring a female sample taker was available. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example 80% of eligible patients had been screened for breast cancer in the last three years compared to the CCG average of 74% and national average of 72%. The rate of bowel cancer screening was better than local and national averages at 68% compared to the CCG rate of 65% and national average of 58%.

The practice identified 31 patients diagnosed with a learning disability. All 31 had received a health check in the last year and had a care plan agreed.

Childhood immunisation rates for the vaccinations given were slightly below CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 98% (CCG 90% to 95%). For five year olds the range was 78% to 96% (CCG range 90% to 96%)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. A total of 609 patients had attended for this health check in the last year. 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.

We received 24 patient Care Quality Commission comment cards of which 23 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 below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 77% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 74% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 92%.
- 65% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 85%.

- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 86%.

The practice was aware of the lower than average feedback from patients regarding their care. Whilst this referred to services received from a team of GPs that no longer worked at the practice we were unable to find evidence that the practice had sought more up to date feedback on this aspect of the services they delivered. It was not possible to tell whether the feedback from patients about being treated with care and compassion had improved with the appointment of a new team of GPs and a more stable team of GPs and nurses.

### 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.

The results from the national GP patient survey were taken from surveys conducted between July and September 2015 and January and March 2016 when the GP workforce at the practice was undergoing change. The team of GPs to which the results relate were not those employed at the time of inspection. Results at that time were mixed compared to local and national averages. For example:

- 73% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 63% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%.

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

## Are services caring?

- 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.
- Information leaflets were available covering a wide range of information about different diseases and treatments. GPs and nurses were able to support patients by printing condition specific information. These supported the explanation they had given the patient about their condition and proposed treatment.

### **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 92 patients as carers (under 1% of the practice list). All carers were offered an annual health review and 90% had attended. We saw that the practice promoted the benefits of registering as a carer with promotional materials available in the waiting area. Staff we spoke with were aware of the need to identify carers and ensure they registered their caring responsibilities.

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.

# 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. For example, the practice hosted the local borough service for screening for cardio-vascular disease. It was also the base for ophthalmic eye screening for patients registered throughout Wokingham CCG.

- The practice offered telephone consultations from 7.30am on three mornings each week and until 7pm on one evening each week. There were also two Saturday morning clinics offered every month. These were of benefit to working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- 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.
- There were accessible facilities, a hearing loop and translation services available.
- The practice had a lift to take patients to and from clinics held on the first floor.
- A range of NHS clinics were held at the practice. These assisted patients by reducing the need to make time consuming trips to hospitals and other clinics. The clinics included; ultrasound, smoking cessation ophthalmic screening and a counselling service dedicated to younger patients.
- Some private clinics were also held at the practice. For example, physiotherapy, podiatry and acupuncture.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 12pm every morning and 2pm to 6pm daily. Extended hours appointments were offered in the form of telephone appointments on three mornings a week from 7.30am and

on one evening until 7pm. In addition the practice offered two Saturday morning clinics from 9am to 11am every month (three Saturdays if there were five Saturdays in the month). In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them.

We noted that the practice had undertaken a major reorganisation of their appointment system in February 2016. This resulted in a system that gave greater availability of urgent appointments and a daily phased release of routine appointments. The practice was keeping the system under review and taking heed of patient feedback about appointment availability.

Results from the last published national GP patient survey related to the previous practice that provided services from Woosehill Medical Centre. They showed that patient's satisfaction with how they could access care and treatment was, at that time, below local and national averages.

- 60% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 77% and national average of 76%.
- 71% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and national average of 73%.

The practice had carried out actions to make their appointment system more responsive. In February 2016 the appointment system underwent major revision. The mix of pre-booked and urgent appointments was changed. There were more appointments available to book online and the availability of these was promoted. The practice surveyed 590 patients and 316 responded about the changes. There was a positive response from over 60% of the patients to the changes made. The practice had agreed an action plan with the patient participation group to make further improvements in communicating how to use the new appointment system.

Appointment availability was kept under close scrutiny each week and adjustments made when pressure on appointment availability was identified. Of the 24 CQC patient feedback cards completed 20 patients were positive about the availability of appointments and there were five patients who made reference to improvement in 2016. The improved patient perception of services provided

# Are services responsive to people's needs?

(for example, to feedback?)

was reflected in the friends and family recommendation test where 85% of 69 patients surveyed said they would recommend the practice to others. This was a 26% improvement from the 59% of respondents to this question in the last national patient survey.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Staff logged requests for home visits and GPs called the patient back to assess their need and urgency to be seen. In the rare cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## 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. This included information displayed in the waiting room and contained on both the practice leaflet and website.

We looked at 10 complaints received since the current practice registered with CQC. The complaints we reviewed had been thoroughly investigated and the patient had been given a full response in a timely manner. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, when a patient missed a telephone consultation call from a GP they were denied the opportunity to explain the circumstances that caused them to miss the call. The patient received an apology and staff were retrained to avoid a similar problem in the future.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which staff knew and understood the values.
- The practice had a strategy and supporting business plan which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had a 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 effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the lead GP, salaried GPs and senior managers 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 GPs and management were approachable and always took the time to listen to all members of staff. Patient feedback from CQC comments cards reflected the practice commitment to offer compassionate care.

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 patients 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.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted that whole team meetings were held on six occasions each year. These meetings included whole team training events.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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 met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the mix of appointments and availability to book appointments online had been changed in response to patient feedback.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and

# Are services well-led?

Good 

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

engaged to improve how the practice was run. For example, they told us that their feedback on how to improve the appointment system had influenced the changes in the system implemented in February 2016.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking. Salaried GPs were undertaking lead clinical roles and showed a commitment to the

patients registered at the practice. For example one of the salaried GPs was the medicines management lead for the practice. The practice performance in the medicines management quality scheme was comparable to others in the CCG.

The practice hosted a wide range of services and was always willing to consider the addition of more services to assist patients in avoiding time consuming and lengthy journeys to hospital clinics.

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.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to respond to feedback from patients in regard to aspects of the care and treatment they received.</p> <p><b>17.—(1)</b> Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.</p> <p>(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—</p> <p>(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);</p> <p>(f) evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).</p> <ul style="list-style-type: none"><li>• The practice had not sought patient feedback in relation to the care and treatment they received. Patient opinion arising from the last national patient survey rated the practice below average for certain aspects of the care and treatment received.</li></ul> <p>This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:</p>