

# Woodley Centre Surgery

## Quality Report

6 Headley Road  
Woodley  
Berkshire  
RG5 4JA  
Tel: 0118 9697307  
Website: woodleycentresurgery.co.uk

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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?

Requires improvement 

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 Woodley Centre Surgery on 20 April 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, with the exception of those relating to legionella.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and 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, although this was not always shared with all staff.
- 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.
- 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.

The areas where the provider must make improvements are:

# Summary of findings

- To undertake all actions as outlined in the Legionella risk assessments, for both practice sites, dated March 2015.

In addition, the provider should:

- Share learning and outcomes from complaints with all staff and the patient participation group.

- Review patient feedback and address concerns regarding telephone access and GPs involving patients in decisions about their care and treatment.

**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 Requires improvement for providing safe services, as there are areas where improvements should be made.

- 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.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. In particular, the risk assessment for legionella had identified actions to prevent risks which had not been implemented or completed, since March 2015.

Requires improvement



### 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.
- 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.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. Where lower scores had been identified, the practice had reviewed this and taken action to improve.
- 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.

## 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 was working with the CCG to improve patient lifestyle choices through the Eating4Health programme.
- The practice had good facilities and was well equipped to treat patients and meet their needs, including access and facilities for disabled patients.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day. The practice had recruited two new GPs in response to this but it was too early to gauge impact.
- Patients could get information about how to complain in a format they could understand. However, the evidence showed that learning from complaints had been shared with individual staff members involved and not routinely with the whole team.

Good



## 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.

Good



# Summary of findings

- 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 met regularly and had made suggestions for improvement to services at the practice.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- 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.
- Data indicators for hypertension (high blood pressure) showed the practice had achieved 100% compared to the CCG average of 99% and national average of 98%.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data indicators for patients with diabetes was mixed. For example, 71% of patients with diabetes had achieved a target blood reading of 64mmol or less in the last 12 months compared to the CCG average of 74% and national average of 78%. 81% of patients with diabetes had achieved a target blood pressure of 140/80 or less in the preceding 12 months compared to the CCG average of 79% and national average of 78%.
- 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.

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 people who had a high number of A&E attendances. Immunisation rates were 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.
- 85% of women aged 25 to 64 had a recorded cervical smear screening test in the preceding five years compared to the CCG average of 84% 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, health visitors and school nurses

## **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.

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.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



# 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.

## 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).

- 92% of people experiencing poor mental health had received an annual physical health check compared to the CCG average of 95% and national average of 88%.
- 74% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG average of 78% and national average of 84%. In response to the low score, the practice have employed an operations manager to take prime responsibility for ensuring patients needs are met and to review this in relation to the quality and outcomes framework targets.
- Mental health indicators showed the practice had achieved 98% which was comparable to the CCG average of 98% and better than the national average of 93%.
- 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 January 2016. The results showed the practice was performing in line with local and national averages. 265 survey forms were distributed and 116 were returned. This represented a 44% response rate and totalled 1% of the practice's patient list.

- 67% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 92% 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%.
- 83% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 83% 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 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were all positive about the standard of care received, except for two cards who also added a concern. One over telephone access and one about the attitude of one member of the reception staff. However, all the cards stated how the GPs and nurses were experienced and knowledgeable. Other comments included how staff were helpful and kind, always respectful and make time to listen to patient concerns.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The latest friends and family test results showed 80% of patients would recommend the surgery to somebody else.

## Areas for improvement

### Action the service **MUST** take to improve

- To undertake all actions as outlined in the Legionella risk assessments, for both practice sites, dated March 2015.

### Action the service **SHOULD** take to improve

- Share learning and outcomes from complaints with all staff and the patient participation group.
- Review patient feedback and address concerns regarding telephone access and GPs involving patients in decisions about their care and treatment.

# Woodley Centre 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, a second CQC inspector and a practice manager specialist adviser.

## Background to Woodley Centre Surgery

Woodley Centre Surgery (also known as Woodley Surgery) and Westfield Road Surgery (the branch practice) offer primary medical services to over 11,300 patients in the Woodley and Winnersh areas of Wokingham and Reading. The practice area has an estimated low level of socio-economic deprivation, meaning few patients are affected by deprivation locally. The practice offers GP and nursing consultations from two sites approximately three miles from one another. Patients are given the option to be seen at either practice and staff work across both sites. The practice also looks after three residential care homes for patients with a learning disability.

The practice has four GP partners (three female, one male) and four salaried GPs (three female, one male). The nursing team consists of two nurse practitioners (both female), two practice nurses (both female) and two healthcare assistants (both female). The non-clinical team includes a practice manager, an operations manager, an HR manager, a reception manager, a senior receptionist and thirteen receptionists, a secretary lead, two medical secretaries, an accounts assistant, three members of the IT team and an apprentice.

Woodley Surgery (the main practice) is located on the first floor of a commercial building. It shares the entranceway,

lift facilities and waiting area with another practice. There is ample parking available in a local pay and display car park which has designated disabled parking spaces. The entranceway has push button opening doors which leads to the stairs and lift access. On the first floor automatic doors open onto a large waiting area with the two reception desks clearly identified and separate from one another. There is a lowered counter for disabled patients and adequate space for wheelchairs and pushchairs.

There are eight GP consultation rooms and two nurse treatment rooms which are accessible from the waiting area. There are two patient toilet facilities including a disabled toilet with emergency pull cord. Baby change facilities are also available. Woodley Surgery is open between 8am and 6.30pm Monday to Friday. Appointments are from 8am to 12.50pm every morning and 2pm to 5.45pm daily. The telephone lines are open between 8am and 6.30pm.

Westfield Road Surgery (the branch practice) has two consultation rooms and one treatment room. Westfield Road Surgery is open between 8am to 6pm Monday to Thursday and between 8am and 12.30pm on Fridays. Appointments are from 8am to 12.50pm every morning and 3pm to 5.30pm every afternoon, except Fridays, when the practice closes at 12.30pm.

Incoming telephone lines for both sites are routed through the Woodley Surgery call centre. A telephone message directs patients to Woodley Surgery for any emergencies when Westfield Road Surgery is closed.

Extended surgery hours are offered on Tuesday and Wednesday evenings until 8pm and every other Saturday morning between 9am and 12pm. All extended hours appointments are for Woodley Surgery only.

All services are provided from:

Woodley Surgery

# Detailed findings

6 Headly Road

Woodley

Berkshire

RG5 4JA

and

Westfield Road Surgery

3 Westfield Road

Winnersh

RG41 5ES

We visited the main practice at Woodley Surgery to undertake our inspection. The practice had not been inspected by CQC before.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 April 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, healthcare assistant, practice manager, medical secretary and reception staff.

- 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. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a blood spillage was found in the patient toilet area. One of the nurses attended and requested gloves and a spill kit. The receptionist was unable to find the equipment requested. The practice ensured all staff were aware of the location of personal protective equipment and spill kits.

A patient looked unwell in the reception area and the receptionist called through to the GP to ask them to see next. The patient was diagnosed with a serious illness and transferred to hospital via ambulance. This highlighted the vigilance of the reception team and was reflected as good practice to all staff. In addition a notice was placed in the reception advising patients to alert the receptionist if their (or their relations) condition deteriorated.

### 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 were trained to child protection or child safeguarding 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). There were clear notices in the waiting room and all treatment and consultation rooms, advising a chaperone was available.
- 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 and we saw evidence that action was taken to address any improvements identified as a result. For example, additional training for all staff in the use of cleaning agents and a reminder for clinical staff on the correct use and storage of sharps bins were highlighted as actions following the audit in February 2016.
- 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

## Are services safe?

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. Two of the nurses had qualified as Independent Prescribers 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. The practice were aware of the issues surrounding the expiry of some PGDs in March 2016 from NHS England South. They informed all staff that only the nurse prescribers could administer the vaccines affected and had updated the PGDs that were available.
- We reviewed five 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.

- 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.
- 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 reception office 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 and infection control.
- However, a legionella risk assessment in March 2015 had identified a number of actions at both practice sites

requiring intervention as the outcome was high risk. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Not all these actions had been completed or reviewed. For example, the water temperature was running too low for recommended levels at Woodley Surgery. The practice had instructed a boiler engineer to service the boiler on two occasions but the temperature remained too low. The practice had contacted the building landlord (NHS England) to request urgent work was carried out. Although we saw evidence of some correspondence between the practice and NHS England, the actions had still not been remedied and was still a high risk for legionella contamination. An additional risk was identified as the practice not having a responsible person who had undertaken specific legionella training. The practice manager had been in post for six weeks and was unaware of training available. The legionella risk assessment at the branch surgery also identified high risk actions requiring correcting which had not been undertaken.

### 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 one of the treatment rooms.
- 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.

# 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 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). The most recent published results were 97% of the total number of points available with 8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was 85%, which was similar to the CCG average of 88% the national average of 89%.
- Performance for mental health related indicators was 98% which was similar to the CCG average of 98% and better than the national average of 93%.
- Performance for chronic obstructive pulmonary disease was 98% which was similar to the CCG average of 99% and national average of 96%.

There was evidence of quality improvement including clinical audit.

- There had been ten clinical audits undertaken in the last two years. Five of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, peer review and research. They had been asked to participate in a CCG dressings audit as their tissue viability expertise and positive outcomes had been recognised.
- Findings were used by the practice to improve services. For example, an audit of Warfarin use in patients identified diet and lifestyle as factors in out of range readings. The practice developed a leaflet to offer to patients and spoke with most of the patients regarding lifestyle and diet choices.

Information about patients' outcomes was used to make improvements such as: An uncomplicated urinary tract infections audit showed diagnostic tests were only used in 39% of cases despite clear guidance on diagnostic testing. The practice discussed this at a clinical meeting to ensure all clinical staff were aware of the guidance.

### 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.
- 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 on-going support,

# Are services effective?

## (for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received, or were due to receive, an appraisal within the last 12 months.

- 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.

### 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 on-going 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.
- 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.
- Dietary and lifestyle choice support was available on the premises and smoking cessation advice was available from a local support group who attended both practice sites.

The practice's uptake for the cervical screening programme was 85% which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 74% of females aged 50 to 70 were screened for breast cancer in the last 36 months, compared to the national average of 72%. 63% of patients aged 60 to 69 were screened for bowel cancer in the last 30 months, compared to the national average of 58%.

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 87% to 96% (CCG average 90% to 95%) and five year olds from 86% to 96% (CCG average 89% 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. 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 42 patient Care Quality Commission comment cards we received were positive about the service experienced, with only two cards offering a mixed positive and negative view. The negative views related to telephone access and staff attitude of one member of the reception team, although both cards had commented how the care they received was of a good standard. Overall, 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 three members 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% 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%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.

- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 91% of patients said the nurse was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 93% of patients said the last they saw nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% 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.

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:

- 87% 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%.

## Are services caring?

- 77% 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 the national average of 82%.
- 91% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 90%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

The practice had actively recruited two new GPs to the surgery in the last 12 months in an attempt to increase the low score for involving patients in decisions. The additional GPs would offer better continuity of care and would make conversations about decisions easier as a result.

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.
- Information leaflets and a televised information screen were available in easy read format, on a range of topics.
- A portable hearing loop was available to patients who were hard of hearing.

### 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 229 patients as carers (2% of the practice list). In response to a patient participation group request, the practice had developed the role of a carers champion (a dedicated member of staff to look after carers), who had developed a carers information pack to distribute to all carers in the practice. The carers pack included details of who is defined as a carer, care support organisations and local services along with a list of useful contact numbers. Information leaflets were also available to direct carers to the various avenues of support available to them.

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 were working with the CCG to improve patient lifestyle choices through the Eating4Health programme.

- The practice offered extended hours clinics for 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 was a hearing loop and translation services available.
- There were disabled facilities, including a lowered reception counter, easy access automated check in and toilets with grab rails and call bell.

### Access to the service

At Woodley Surgery, the practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 12.50pm every morning and 2pm to 5.45pm daily. Extended hours appointments were offered at the following times; 6.30pm to 7.50pm on Tuesdays, 6.30pm to 7.40pm on Wednesdays and every other Saturday from 9am to 12pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Westfield Road Surgery (the branch practice) was open between 8am and 6pm Monday to Thursday and 8am to 12.30pm on Fridays. Appointments were from 8am to 12.50pm every morning and 3pm to 5.30pm daily, except Fridays when the practice closed at 12.30pm. There were

no extended hours appointments available at Westfield Road Surgery. Patients were offered appointments at Woodley Surgery if they required an appointment out of opening hours.

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.

- 78% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 67% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and the national average of 73%.

The practice were aware of the low score for patient satisfaction and access by telephone. They had undertaken their own survey, with help from the patient participation group, and found the results were inconsistent with the GP national survey answers. For example, 70% of patients said it was easy or fairly easy to get through to the practice by telephone. They were also looking at different telephone services and line availability for patients making inbound calls.

Most patients told us on the day of the inspection that they were able to get appointments when they needed them, with many having telephoned that morning for the appointment.

### 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 25 complaints received in the last 12 months and found they were all satisfactorily handled and dealt with in a timely way. There was openness and transparency in dealing with the complaints. Areas for improvement were identified from each complaint and an analysis of trends was reviewed. Complaints were discussed routinely at partners meetings and individual action was taken as a

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

result to improve the quality of care. However, learning was not routinely shared with the practice staff as a whole as

only those involved with the complaint learnt from the outcomes. For example, a miscommunication about the type of blood tests available to patients at the surgery led to additional training for clinical staff.

# 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 was displayed in the waiting areas and staff knew and understood the values.
- 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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, with the exception of the legionella risk assessment which had outstanding areas for action. The practice provided audit trails of correspondence between the main practice and the landlord, which showed the access issues surrounding the building owner and NHS England (the landlord).

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and managers 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.
- The practice responded to comments on NHS Choices and encouraged patients to highlight areas for concern directly with the practice.

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.
- 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, helped to formulate patient surveys and had submitted some proposals for improvements to the practice management team. For example, the practice had installed a television information screen in the

# Are services well-led?

Good 

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

waiting room. The PPG highlighted it was not visible to all patients in the waiting area and recommended it be moved. The practice were in the process of getting this actioned.

- The practice had gathered feedback from staff through an annual staff survey, and generally through staff meetings, appraisals and discussion.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and encouraged staff at all levels to improve outcomes for patients. Many staff had progressed from one role to another with development

opportunities initiated by the practice. One example was a receptionist who undertook additional training to become a medical secretary. The practice were looking at additional information technology to improve patient integrated systems and were keen to start a series of patient educational meetings on Saturday mornings. Topics being discussed for development included a diabetes workshop and new mums session, which would be run by the practice nurse. There were plans to become a training practice as one GP was already a registered trainer. (A training practice provides teaching, coaching and support for qualified doctors who are training to become GPs).

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <b>How the regulation was not being met:</b> The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to action the identified risks associated with a legionella risk assessment dated March 2015. This was in breach of regulation 12(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.