

# Woodlands Surgery

## Quality Report

4 Burchester Place,  
Banbury,  
Oxfordshire,  
OX16 3WT

Tel: 01295 368022

Website: [www.woodlandssurgery-banbury.co.uk](http://www.woodlandssurgery-banbury.co.uk)

Date of inspection visit: 16 November 2016

Date of publication: 13/01/2017

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?

Requires improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	12

### Detailed findings from this inspection

Our inspection team	13
Background to Woodlands Surgery	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	26

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Woodlands Surgery on 16 November 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.
- All staff had received safeguarding relevant to their role.
- Data showed patient outcomes were similar to average for the locality. However, exception reporting was high in the quality outcomes framework (QOF) data from 2015/2016. 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.
- 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.
- The practice used innovative and proactive methods to improve patient outcomes. For example, identifying and using social prescribing services to support patients to live healthier lives.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- 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 improvement are:

- Ensure appropriate training is provided to all staff to improve awareness of the Mental Capacity Act 2005 and how it relates to their practice.
- Ensure all staff are given a regular appraisal to identify learning needs.

The areas where the provider should make improvement are:

- Ensure alternative ways of encouraging all patients with a learning disability to access health checks to improve health outcomes are explored.
- Ensure patient outcomes are continually reviewed to ensure that patients receive appropriate care and treatment. This would include a review of the system in place to promote the benefits of breast and bowel screening in order to increase patient uptake.
- Continue to review patient's feedback and address concerns regarding seeing a GP of choice, waiting times and treating patients with care and concern during consultations.

**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. The practice were fully involved with safeguarding procedures. They held regular meetings with health visitors to discuss vulnerable children and families, and those on the safeguarding register.
- Safeguarding was an agenda item on the weekly clinical meeting and referrals made to, or received by the multi-agency safeguarding hub were discussed. Risk sharing was encouraged amongst the whole practice team.
- Risks to patients were assessed and well managed.
- The practice had the necessary equipment and training for dealing with emergencies.
- Recruitment checks were conducted in line with current legislation.

Good



### Are services effective?

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

- Data showed patient outcomes were similar to average for the locality. However, exception reporting was very high in the quality outcomes framework (QOF) data from 2015/2016. 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.
- 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.

Requires improvement



# Summary of findings

- There was a system to identify when staff had training and when it would need to be updated. Staff were given protected time to complete training. Mental Capacity Act 2005 training was not provided and staff awareness was not always appropriate to their role.
- 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.
- The practice held an in-house counselling service and had access to a bereavement counsellor.
- The practice held regular sessions designed to improve public health outcomes, including Live Well, contraception, travel and chronic disease clinics.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice below others for some aspects of care. For example, although 90% of patients describe their overall experience of this surgery as good (CCG average 90%, national average 85%), 43% of patients usually got to see or speak to their preferred GP (CCG average 68%, national average 59%).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Patients commented that they found it easy to make an appointment.
- Information for patients about the services available was easy to understand and accessible. This including leaflets in easy to read formats and other languages.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice were proactive in identification of carers and had an ongoing plan in place to improve this.

Good



## 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 (CCG) to secure improvements to services where these were identified. For example, the practice took part in the local social prescribing schemes.

Good



# Summary of findings

- Patients said they did not find it easy to make an appointment with a named GP or have continuity of care; however, urgent appointments were available the same day.
- Routine appointments were available within two working days with any GP and within two weeks for a named GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

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

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- 100% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the local average of 99% and the national average of 96%.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice is part of a local GP federation urgent care service and a hospital at home service to avoid unplanned hospital admissions.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked with multi-disciplinary teams in the care of older vulnerable patients.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were in line with local and national averages. For example, 100% of patients aged between 50 and 74 with a fragility fracture and confirmed diagnosis of osteoporosis, were currently treated with an appropriate bone-sparing agent. This was higher when compared to the local clinical commissioning group average (97%) and national average (88%).
- Woodlands Surgery undertook proactive vaccination campaigns, including a drop-in flu clinic.

Good



### People with long term conditions

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

- The lead GP and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 92% which was comparable to the clinical commissioning group (CCG) average of 95% and national average of 94%.
- Longer appointments and home visits were available when needed.

Good



# Summary of findings

- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the lead GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice participates in the clinical commissioning group complex case management scheme which provides proactive care for those at highest risk of emergency admission.
- Long term condition review clinics were held by the practice nurses. The nurses were trained in management of chronic obstructive pulmonary disease, cardiovascular disease, asthma and diabetes.
- Performance for chronic obstructive pulmonary disease (COPD, a collection of lung diseases including chronic bronchitis and emphysema) indicators showed the practice had achieved 100% of targets which was above the CCG average (98%) and the national average (96%).

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances.
- Woodlands Surgery sent a new baby card to new parents that included further information on the new baby check and vaccinations.
- The practice was fully involved with safeguarding procedures. They held regular meetings with health visitors to discuss vulnerable children and families, and those on the safeguarding register.
- Safeguarding is an agenda item on the weekly clinical meeting and referrals made to, or received by the multi-agency safeguarding hub are discussed.
- Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 99% compared to the CCG range of 95% to 97% and five year olds from 93% to 97% compared to the CCG range of 92% to 97%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.

Good



# Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice offered after school appointments and would see young people without their parents if deemed appropriate.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice provides a range of in-house contraceptive, maternity and child health services.
- Woodlands Surgery had a young people's noticeboard in the waiting area.

## **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 surgery offered extended pre-bookable appointments every week.
- The practice was proactive in offering online services for repeat prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice used IT to improve access for patients. Including online appointment booking and automated 24 hour telephone cancellation of appointments. Text reminders were used to encourage attendance at appointments and to remind patients of services such as flu clinics.
- The practice's uptake for the cervical screening programme was 97%, which was above the CCG average of 83% and the national average of 82%, with exception reporting at 3% (CCG 7% and national average 7%).

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.
- An audit had been completed to highlight areas of development with uptake of learning disability health checks.

Good



# Summary of findings

- The practice have appointed a patient liaison officer to provide emotional support to vulnerable patients and to improve the uptake of learning disability health checks. The number of health checks undertaken was 30%, which is below the national average of 44%.
- Practice staff were trained to recognise signs of abuse within their vulnerable patients.
- GPs worked within a multi-disciplinary team to ensure the best outcomes for vulnerable patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. The practice hosts on-site substance misuse services.
- 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).

- The practice had a dedicated GP lead for mental health and dementia.
- 96% of patients with a severe mental health issue who had a comprehensive, agreed care plan documented in the last 12 months, which was above the local average of 92% and the national average of 88%.
- 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.
- Proactive dementia screening was undertaken for at risk patients.
- 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.

Good



# Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia. However, understanding of Mental Capacity Act 2005 required improvement.
- The administration team regularly recall patients for mental health checks and offer reminder calls on the day of appointment for those with dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice was performing in line with local and national averages. 301 survey forms were distributed and 112 were returned. This represented 1.6% of the practice's patient list.

- 80% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 83% 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%.
- 79% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 90% 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 21 comment cards all were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. One card documented concerns over the availability of appointments and waiting times.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Feedback from the patients who used the service was positive and all of the patients we spoke with talked positively about the personalised and responsive care provided by the practice. Patients we spoke with told us their dignity, privacy and preferences were always considered and respected.

# Woodlands 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 and a practice manager specialist adviser.

## Background to Woodlands Surgery

Woodlands Surgery is a GP practice located in Banbury in north Oxfordshire offering general medical services to approximately 7,000 patients in the Banbury area. Woodlands Surgery is one of the practices within Oxfordshire Clinical Commissioning Group (CCG). A CCG is a group of general practices that work together to plan and design local health services in England. They do this by “commissioning” or buying health and care services.

According to data from the Office for National Statistics, Oxfordshire has minimal economic deprivation. However, the practice provides GP services within the highest area of deprivation within Oxfordshire. The age distribution of the registered patients is largely similar to the national averages, although there is a slightly lower than average number of patients aged between 20 and 29 years of age. Ethnicity based on demographics collected in the 2011 census shows the population of Banbury and the surrounding area is predominantly White British with 5.7% of the population composed of people with an Asian background and 1.4% of the population composed of people with a Black background.

The practice has three GP partners (one male and two female), one salaried GP (male), two practice nurses (all female) and one health care assistant (female). The clinical staff are supported by a practice manager, 10 receptionists, administration staff and a receptionist team leader.

Woodlands Surgery is a two storey building with easy access for disabled patients. The entrance has wide doors, with a bell for those requiring assistance, and all consultation and treatment rooms are accessible. The reception area is clearly signed and is within the waiting area. There are toilet facilities available including disabled access with wide doorways.

The opening hours at Woodlands are:

- Mondays to Friday between 8am and 6.30pm.
- Late Monday until 8pm

Woodlands Surgery operates with a General Medical Services contract. They offer enhanced services for childhood immunisations, influenza and pneumococcal immunisations and avoiding unplanned admissions.

Woodlands Surgery are registered for providing diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury, surgical procedures and family planning.

The practice has opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website, on both practices door and over the telephone when the surgery is closed.

All services are provided from:

Woodlands Surgery, 4 Burchester Place, Banbury, Oxfordshire, OX16 3WT

# Detailed findings

## 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 that we hold about the practice and asked other organisations, such as the Clinical Commissioning Group (CCG), to share what they knew.

We carried out an announced visit on 16 November 2016. During our visit we:

- Spoke with a range of staff including three GPs, one practice nurse, one health care assistant, administration and reception staff and a practice manager.
- We spoke with patients who used the service and representatives of the patient participation group (PPG)
- Observed how people were being cared for.

- Reviewed 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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, following an incident with patients becoming aggressive the practice identified that staff should always use the emergency call button before dealing with this type of situation to ensure the safety of themselves and others.

### 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. For example, GPs were trained to Safeguarding Children level three, nurses were trained to Safeguarding Children level two and both GPs and nurses had completed adult safeguarding training.

- Notices in the waiting area 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).
- Woodlands Surgery maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the nurses was the infection control lead. They had attended external training and had allocated time to complete this extended role which included liaison 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 for the surgery was undertaken. We saw the latest audit from August 2016 and subsequent action that was taken to address any improvements identified as a result.
- 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. 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 influenza, vitamin B12 and pneumococcal vaccines and medicines against a patient specific direction (PSD) from a prescriber.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to

## Are services safe?

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 displayed 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.
- 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 at peak times of the day. The practice had experienced a significant amount of change in staff recently due to the extended absence of

a lead partner; as a result the practice had a strategic approach to the use of locum GPs to respond to patient demand. A locum is a person who stands in temporarily for someone else of the same profession.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive 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 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 98% of the total number of points available, with 18% exception reporting, which is above the Clinical Commissioning Group (CCG) average of 10% and national average of 10%. Data showed patient outcomes were similar to average for the locality. 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.

During the inspection we saw evidence that contact was attempted with these patients on three different occasions. Staff explained that they would not exception report any patients until their QOF submission was due to provide as much time as possible to provide all patients with condition reviews who required one. We saw the latest exception reporting action plan that the practice had developed. Actions included monthly reviews of performance and increased awareness of the importance of regular recalls to all patient groups. This action plan and previous plans identified which clinical domain indicator groups to concentrate on reducing the exception reporting.

Data for 2015/16 showed:

- Performance for diabetes related indicators was 92% which was comparable to the CCG average of 95% and national average of 90%.
- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 100% compared to the CCG average of 98% and national average of 98%.
- Performance for mental health related indicators was 95% which was comparable to the CCG average of 96% and national average of 93%.

There was evidence of quality improvement including clinical audit.

- There had been 10 clinical audits undertaken in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, one audit we reviewed which concluded in December 2015, reviewed the management of Woodlands Surgery patients who had been prescribed an anticoagulation (anticoagulants are medicines that help prevent blood clots) to manage diagnosed atrial fibrillation (an abnormal heart rhythm characterised by rapid and irregular beating).
- The first cycle of audit, indicated 57% of patients with atrial fibrillation were appropriately prescribed anticoagulant with their GP. Best practice standard was between 40-70%; whilst the Clinical Commissioning Group had an in-house standard that 65% should be anticoagulated.
- In the last two years there has been a change in management of anticoagulation. This has been coupled with the increasing shift to managing these patients in primary care. As a consequence GPs have become responsible in part for discussing these choices with patients and then ensuring appropriate monitoring and follow up in primary care.
- The second cycle of audit, indicated 70% of patients were anticoagulated, above the in-house standard of 65% and an improvement in the findings in the previous cycle. One of the learning points from this audit identified those patients that were contraindicated need to be more appropriately documented.

# Are services effective?

## (for example, treatment is effective)

- We saw plans of a further audit to ensure this improvement was maintained.

### 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. We found that new members of staff who had recently joined had a fully completed induction plan.
- 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 had regular training updates and protected study time.
- 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 and nurses. Not all staff had received an appraisal within the last 12 months, the completed ones had documented objectives specific to each team member. There were five members of staff who were overdue an appraisal from around August but they were scheduled for the following couple of 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.
- The practice had a training matrix to identify when mandatory training was due to be updated and we saw that all staff were currently up to date.

### 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. The practice identified older patients and coordinated the multi-disciplinary team (MDT) for the planning and delivery of palliative care for patients approaching the end of life. The practice was aware of the gold standards framework for end of life care and knew how many patients they had who were receiving palliative care, including a palliative care register.

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. The practice had a system for following up on patients discharged from hospital with complex needs, including a GP telephone call or visit within 48 hours of the discharge to ensure the patient received appropriate and timely support. 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, although knowledge of the Mental Capacity Act 2005 was limited. The practice had not provided training on the Mental Capacity Act (MCA) to ensure staff had the correct knowledge and understanding. Clinical staff had limited understanding of their responsibilities in relation to the MCA.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

# Are services effective?

## (for example, treatment is effective)

- 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. For example, an audit of the insertion and removal of intra-uterine contraceptive devices showed that 100% of patients had been asked for and had documented consent agreement.

### Supporting patients to live healthier lives

The practice's uptake for the cervical screening programme was 80% which was comparable to the CCG average of 83% 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 no failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme although the practice did follow up women who were referred as a result of abnormal results. This was resolved on the day of inspection.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The most recent data showed the practice had achieved 65% screening for breast cancer in

50 to 70 year old females in the last three years, compared to the CCG average of 76% and national average of 72%. Bowel cancer screening rates for patients aged 60 to 69 in the last two and a half years was 49% compared to the CCG average of 58% and national average of 58%.

Information from Public Health England showed 100% of patients who were recorded as current smokers had been offered smoking cessation support and treatment, compared to the CCG average (97%) and the national average (96%). Smoking cessation advice was available with the health care assistant in Woodlands Surgery.

The practice have appointed a patient liaison officer to provide emotional support to vulnerable patients and to improve the uptake of learning disability health checks. The number of health checks undertaken was 30%, which is below the national average of 44%.

Childhood immunisation rates for the vaccinations given were positive. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 99% compared to the CCG range of 95% to 97% and five year olds from 93% to 97% compared to the CCG range of 92% to 97%.

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.

Of the 21 patient Care Quality Commission comment cards we received all were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. One card documented concerns over the waiting times.

We spoke with one member of the patient participation group. They 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 support was provided when required.

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

- 89% said the GP was good at listening to them compared to the CCG average of 89% and national average of 87%.
- 85% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 74% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.

- 92% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 92% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 99% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 89% said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

Woodlands surgery were aware that satisfaction with the GP treating patients with care and concern was low. They felt this was due to the high turnover of regular GP's and waiting times when attending for appointments.

### 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 on the comment cards we received was also mostly positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to most questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages for GPs and nurses.

For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 90% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 90% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

## Are services caring?

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 were available in easy read format.
- The waiting area had a notice board with information leaflets. There was also a board displaying the practice values and how they were going to achieve them.

### **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, including carers support and a local veterans group. 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 208 patients as carers (2.9% of the practice list). Written information was 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 and sent them a sympathy card. This call was followed by a patient consultation at a flexible time and 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.

- The practice offered extended hours every week for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with specific health needs, such as, patients with a learning disability or elderly patients with complex medical needs.
- Home visits were available for older patients and patients who would benefit from these.
- Woodlands Surgery was fully accessible for people with disabilities and mobility difficulties. We saw that the waiting areas and consulting and treatment rooms were large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. The practice had a step free access and a portable hearing loop to help patients who used hearing aids. Each consultation room was equipped with an adjustable couch for patients with limited mobility.
- Woodlands Surgery actively supported breast feeding mothers. For example, there was a clear signage welcoming breast feeding mothers.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.
- The practice website was well designed, clear and simple to use featuring regularly updated information.

The opening hours at Woodlands Surgery are:

- Mondays to Friday between 8am and 6.30pm.
- Late Monday until 8pm.

Appointments are available between:

- Mondays to Friday 8.30am and 5.40pm
- Late Monday until 7.40pm

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was similar to local and national averages. This had improved from the previous national survey results.

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 80% patients said they could get through easily to the surgery by phone compared to the CCG average of 84% and national average of 73%.
- 78% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 43% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64% and national average of 65%.
- 43% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 68% and national average of 59%.

The practice had signs around the practice advising the patients that they should have one problem for one appointment to try and decrease waiting times. The issues with not seeing the GP was explained that this was due to the lead partner being off for an extended period of time.

Patients told us on the day of the inspection that they were able to get appointments when they needed them, our review of the appointments system showed us that appointments were available for emergencies and telephone consultations. We saw that prebookable appointments with a named GP was available within two weeks and emergency appointments were available the same day. Patients told us that if no appointments were available that a GP would call them to assess the urgency.

### Listening and learning from concerns and complaints

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

- The practice had an updated 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. There was a system in place to ensure the complaints had been investigated, logged centrally and information shared.

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

- We saw that information was available in the waiting room and on the practice website to help patients understand the complaints system.

We looked at nine complaints received in the last 12 months. We found the complaints had been acknowledged and followed up. The practice demonstrated how verbal complaints were documented or managed. The patients

were offered a verbal or written apology and learning was highlighted. Learning outcomes included training for reception staff when a common theme was identified relating to insufficient communication with patients. The practice demonstrated that the complaints had been discussed at meetings and the learning outcomes shared with 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

Woodlands Surgery had a clear vision to deliver a high standard of healthcare, with a team approach to patient care to ensure standards of excellence.

- The practice had a visible long-term strategy and supporting business plans which reflected Woodlands Surgery values. The strategy and plans had been identified by the management team and were regularly monitored.
- Our discussions with staff and patients indicated the vision and values were embedded within the culture of the practice. Staff told us the practice was patient focused and they told us the staff group were well supported.

### 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. Regular meetings took place for staff groups including whole staff, nurse, partner, clinical governance and reception and administration staff meetings.
- Practice specific policies were implemented and were available to all staff.
- The practice had implemented consistent systems in place for notifiable safety incidents. Details of outcomes had been disseminated to staff and learning had been shared.
- 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, including future audit plans.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Five staff members had not had an appraisal in the last 12 months. These were planned for the next couple of months. Mental Capacity Act 2005 had not been provided to staff to ensure their knowledge was appropriate to their responsibilities.

- We saw that all complaints and incidents (both verbal and written) were well documented and progress tracked.
- Despite the amount of change within Woodlands Surgery, an understanding of the clinical performance of the practice was maintained. The practice and the management team were aware that satisfaction with accessing a named GP was low and waiting times within the surgery were high. They had implemented plans to rectify this and told us that this was partly due to the fact that one of the GP partners was off long term.

### 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 were approachable and always took the time to listen to all members of staff. The practice had been proactive in assessing and responding to the needs of their patient population, especially vulnerable patients.

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

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

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

- Staff told us the practice held regular team meetings.
- 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.

# Are services well-led?

Good 

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

- There was an appraisal programme for the full practice team, although due to staffing levels some staff were overdue their appraisal; we saw the practice had gathered feedback from staff through staff meetings and discussions.
- 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 virtual patient participation group (PPG) and through surveys and complaints received. The PPG were sent ideas on how to improve the practice and asked for their feedback.

- The practice was engaged with Oxfordshire Clinical Commissioning Group (CCG), the local GP network and peers.
- The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had introduced a triage system for urgent on the day appointments. GPs would always call patients to assess the clinical need and offer them an appointment if necessary.

Immediately after our inspection, we were sent an action plan which included areas highlighted at the inspection feedback. This demonstrated the service was reactive to our feedback and confirmed their focus of continuous improvement.

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 18 HSCA (RA) Regulations 2014 Staffing <b>The provider had failed to identify the risks associated with:</b> <ul style="list-style-type: none"><li>• Clinical staff had limited knowledge of the Mental Capacity Act 2005 and how it may impact upon their role. Training had not been provided to ensure their knowledge was sufficient.</li><li>• Five members of staff had not had a appraisal within the last 12 months to enable identification of learning needs.</li></ul> This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.