Care Quality Commission

Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Woodlands Practice

The Woodlands Practice, 11 Red Hill, Chislehurst, BR7 6DB

Tel: 02084687779

Date of Inspection: 16 August 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Management of medicines	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Woodlands Practice
Registered Managers	Dr. Michael Choong Dr. Nicola Pascall
Overview of the service	The Woodlands Practice is located in Chislehurst in the London borough of Bromley.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 August 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff and were accompanied by a specialist advisor.

We received information from the Patient Participation Group.

What people told us and what we found

People who use the service told us they were very well treated by reception staff at the practice. One person told us the receptionists were "really lovely" and "always helpful". Another person said the reception staff were "cheery" and other people confirmed that reception staff were very helpful and made an effort to find them an appointment that suited them, and we observed this on the day of our visit. Some people told us it could be difficult to get an appointment that suited them but they were generally seen in an emergency. People told us the doctors at the practice explained things to them and had specialist knowledge. One person said they were "very impressed" with the medical care they received.

We found that people were consulted with about their care and treatment was planned and delivered in a way that ensured the safety and welfare of people using the service. There were plans in place to deal with emergencies and the practice managed medicines safely. We found the provider had systems in place to reduce the risk of the spread of infection and to monitor the quality of the service and ensure the safety and welfare of people using the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. People told us that they felt comfortable expressing their views to the doctors and nurses at the surgery and their preferences were taken in to account and we saw this to be the case. For example when we reviewed a person's care plan we saw that their preferences with regards to the medication they were prepared to take had been recorded and they were given support to make informed decisions. An audit of end of life care for people at the practice identified that people's preferences for place of death were taken in to account in the majority of cases.

People who use the service were given appropriate information and support regarding their care or treatment. The practice had appointed a Patient Liaison Officer who had identified people using the practice who were also providing care to family members or friends and may require additional support. These people had been asked to complete a screening questionnaire to identify those suffering from increased stress and they were sent information about a local carers support organisation. We were told that GPs at the practice spoke different languages such as Cantonese, African and French and that people using the service were able to make appointments with the GP who spoke their language if they preferred. Reception and clinical staff were aware of how to contact an interpreter if one was required. We found that people who had complex needs had been given an individual support plan which contained a list of contact numbers such as the community matron to avoid unnecessary attendance at accident and emergency.

People told us they were treated with respect by staff at the practice. Most people felt their privacy was respected and had never experienced interruptions during examinations. When we spoke with people they told us they had been offered a chaperone for examinations and staff were aware of the need to offer this service.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. The surgery was due to carry out building work to create better access for people who used a wheelchair and meanwhile one consulting room was available for wheelchair access. The practice kept a register of all those people using the service who were housebound and ensured that the nurse practitioner visited people to carry out an annual review of their health in their homes. We saw evidence that housebound people had home visits from their GP as required and people with complex needs were also referred for additional support such as district nurses or the community matron.

People's care and treatment reflected relevant research and guidance. The GPs carried out audits on different clinical areas such as treatment of people with high blood pressure or end of life care. Changes to treatment were then implemented in accordance with the audit results and guidance from the National Institute for Health and Care Excellence. For example following an audit of people with high blood pressure in January 2013 the practice lent people blood pressure machines to take home in order to facilitate better monitoring of their blood pressure. The audit also found that those with newly diagnosed high blood pressure were prescribed medication in line with national guidance in the majority of cases.

People requiring specialist referrals had their referral reviewed by a second GP at the practice in order to ensure the referral was appropriate. There were weekly clinical meetings used to plan care for people and discuss cases. For example we saw that a person's medication was updated following discussion at this meeting in April 2013. Therefore people were offered treatment in line with local referral guidance and multi-disciplinary discussion.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The practice maintained a falls register and we saw that people at high risk of falls were referred for additional support and assessment to the community physiotherapist or occupational therapist. The practice nurse recalled people with diabetes who required a review at the surgery in order that people did not forget to make appointments and their health could be monitored. We saw that the rate of

admission to hospital for people with diabetes was below the average for the local area in the year ending April 2013.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People with complex needs who had a care plan developed underwent a further assessment three months after this in order to review the effectiveness of care and treatment packages in place. For example we saw that depression screening had been carried out for people at risk of suffering from depression due to a chronic physical illness. We saw a person had been referred to the district nurse and community matron for additional support in managing their asthma appropriately and another person had been offered a befriending service when the GP noted they were socially isolated.

There were arrangements in place to deal with foreseeable emergencies. The practice had equipment for a medical emergency such as oxygen and an automated defibrillator which was checked on a regular basis by the practice nurses. Clinical staff knew the whereabouts of the emergency equipment. Staff had completed training in basic life support and clinical staff such as the GPs had completed advanced life support training. All staff were familiar with the system used to summon help in the event of an emergency.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. People told us they found the practice clean, particularly in treatment areas and that staff wore personal protective clothing such as aprons and gloves when carrying out procedures. We noted that treatment areas and worktops were free form clutter and clean. There was a policy in place for managing clinical waste and sharps. We saw that sharps bins were available in clinical rooms and were filled to an appropriate level. However the provider may find it useful to note that the label on the bins to record the date the bin was first used was not completed. Therefore there was a risk that sharps bins might remain in use for inappropriate amounts of time.

An infection control audit was last carried out in November 2012 and an action plan had been put in place to address the issues identified by the audit. For example the audit found that the flooring and sinks in some clinical rooms did not conform to national guidance and we saw new flooring and sinks in the sample of clinical rooms we viewed during the inspection. The audit had also identified that staff at the practice required a training update in infection control and we saw that the nurse practitioner had attended training in March 2013 and had cascaded information to other clinical staff. The immunisation status of all clinical staff had been verified by the practice manager in March 2013 in line with recommendations from the infection control audit. Therefore people were protected from the risk of cross infection.

A Legionella risk assessment had been carried out at the practice and the results had been discussed by the GP partners in February 2013. However we did not see measures such as temperature monitoring of the cold and hot water system in place at the time of our inspection. The practice contacted us following inspection and told us the temperature checks were now in place although we could not monitor this at the time of inspection.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were disposed of appropriately. When we checked medication we found items such as emergency medicines kept at the surgery were all within their expiry dates. Medicines were kept safely. For example the vaccinations were all stored in a fridge which had the temperature monitored on a daily basis. Records of temperature monitoring for August 2013 showed that the fridge temperatures remained within the recommended limits. When we spoke with the nurse practitioner they were aware of the action to take should the fridge temperatures fall outside the recommended range for safe storage of vaccines.

Medicines were prescribed and given to people appropriately in most cases. The practice had carried out an audit of repeat prescriptions in November 2012 and we saw that people's medication had been reviewed and where necessary changes made. For example a person had requested a repeat prescription and following a review by the nurse practitioner three items no longer required were identified. The prescription was then amended to reflect this change. In another case the audit identified that a person's medication was being overused and the nurse practitioner was recommended to monitor future requests and advise the person as required. There was a protocol in place for the prescription of warfarin, a medication to prevent blood clotting, and people were required to inform the practice of their blood test results to ensure the correct dosage was prescribed.

NHS vaccinations were given to people under a group directive which gave nurses the authority to administer certain travel vaccinations and we were told by the GP this was currently under review by the local Clinical Commissioning Group. However the provider may find it useful to note that in the case of one privately funded travel vaccination, practice nurses were administering the vaccination without a prescription being obtained from the GP prior to administration.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive and the provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The practice had developed a Patient Participation Group (PPG) with eight members who were all registered with the practice and attended PPG meetings. There were further members who had agreed to be part of the virtual group and participate through email. We spoke with two members of the PPG prior to our inspection and they told us the group were consulted with about changes to the practice and had an opportunity to influence future developments. The practice had produced a report in 2012 to show how the service had acted on the comments of the PPG including ensuring the practice protocol was changed to ensure people were informed of late running appointments and involve the PPG in the design of the new survey. PPG members we spoke with told us they were involved in designing the patient satisfaction survey for 2013.

The provider had also taken account of complaints and comments to improve the service. For example when the provider was planning changes to the reception area of the practice they consulted patients about these renovations. We saw that comments collected included making the seating more comfortable and having reading materials available and we were told the design of the new reception had taken account of the suggestions where possible. The practice had a complaints policy and staff we spoke with were aware of how to inform people of this policy. We reviewed the complaints log and saw that most complaints had been acknowledge or responded to within the timescale set out in the policy. For example we saw that a person had complained regarding incorrect information being given to them and the practice manager had responded to explain the situation. Staff were then retrained to ensure the correct information was given to people in the future.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. Significant events were discussed in clinical meetings or sooner as required. For example an event that occurred in August 2013 involving aggressive behaviour towards staff had been documented and learning from the event discussed immediately and learning and actions from the incident recorded.

There were effective systems in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. For example a fire inspection had taken place on 01 May 2013 and a certificate of conformity with fire safety had been issued. An asbestos survey had also been carried out at the practice in 2012 and electrical equipment and medical equipment were tested annually, and were in date at the time of inspection.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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