

Park View Group Practice

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

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 Park View Group Practice on 1 September 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had a strong commitment to supporting staff training and development.
- Risks to patients were assessed and well managed. Some building assessments had not been undertaken.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Most patients were complimentary about the staff at the practice. Patients described the GPs as caring and professional.
- 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.
- Most patients said they found it easy to make an appointment with the GP and there was continuity of care, with urgent appointments available the same day.
- Easy read literature was used to invite patients with a learning disability for their annual review.
- The practice had the facilities and was well equipped to treat patients and meet their needs.
- Staff felt supported by management and demonstrated a clear understanding of the leadership structure.

Summary of findings

- A patient participation group was not established but the practice used an accessible electronic tablet in reception where patients could comment on the service that they had received and a Facebook page had recently been set up for the practice.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw some areas of outstanding practice:

- The practice was committed to supporting patients with dementia more effectively and had undertaken a significant amount of work to improve their performance. For example, the practice had increased its dementia diagnosis rate from 55% to 81% between April 2014 and March 2015. The practice provided memory assessments and patients diagnosed with dementia had an agreed care plan in place. The practice implemented a shared protocol with the local memory clinic to provide better support locally to its patients. Reception staff were dementia friends and had received additional training in techniques for managing behaviours of people living with dementia.

The areas where the provider should make improvements are

- Implement assessments of the practice building for Legionella and asbestos.
- The clinical nursing team should attend the weekly clinical meeting to ensure they are kept up to date with clinical issues and significant event investigations.
- The planned action to develop the patient participation group should be implemented.
- Clinical protocols should be accessible to the clinical team.
- The practice manager should formalise their 'to do' list into a documented action plan to monitor progress in achieving its objectives.
- The practice should identify and maintain a list of patients who are also carers.

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.

Good



- Significant events and incidents were investigated and areas for improvement identified and implemented. The practice used every opportunity to learn from internal and external incidents to support improvement. Learning was based on thorough analysis and investigation.
- Lessons were shared to make sure action was taken to improve safety in the practice, although the nursing staff team did not always attend the practice's clinical meetings.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. Some building assessments were not in place.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) in 2014-2015 showed overall performance to be above the Clinical Commissioning Group (CCG) and England average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Formal clinical meetings were undertaken weekly, where patient's health care needs were reviewed, alongside the performance of the practice. Practice nurses did not routinely attend these meetings.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff received mandatory and role specific training. Staff said they felt supported by the management team.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

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 ratings of the practice to be comparable to the local and England average.
- 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.

Good



- 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. The practice participated in the local neighbourhood complex care multi-disciplinary team meetings.
- Patients at risk of unplanned admission to hospital had an agreed recorded plan of care in place to support them and their carers to take appropriate action when the patient's health needs deteriorated.
- All administration staff were dementia friends and had received additional training in techniques for managing behaviours of people living with dementia.
- Home visits to review patients who were housebound and had a long term conditions were undertaken.
- Patients said they were satisfied with the appointment systems. Some said they had to wait for routine appointments. Urgent appointments were available each day. Telephone consultations were also available each day.
- The practice participated in pilot schemes to improve outcomes for patients. For example, two GPs had received additional training and equipment to assess and treat skin lesions at the practice.
- The practice had the 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 the issue 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.

Good



Summary of findings

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to delivering good outcomes for patients.
- 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. Clinical protocols were not easily accessible to nursing staff.
- The provider was aware of and complied with the requirements of the duty of candour. The GP 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, although this was not always recorded.
- There was a strong focus on continuous learning and improvement at all levels. The practice manager had a 'to do' list that was not formalised into a documented action plan. A documented action plan with timescales would strengthen the practice's governance arrangements and provide a framework for monitoring progress in achieving its objectives.
- A formal patient participation group was not established but the practice manager planned to develop this. However, the practice made available to patients an electronic tablet for them to feedback in real time their experiences. In addition, the practice had recently created a Facebook page to communicate with patients about day-to-day events at the practice.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Monthly multi-disciplinary team meetings were held in the local neighbourhood to review specific patients considered at high risk.
- The practice was proactive in supporting patients on the palliative care register and used an electronic communication tool (Electronic Palliative Care Coordination Systems (EPaCCS)) to record information that was accessible to the Out of Hours provider and the local hospital.
- A member of staff had recently been trained as a cancer champion.

People with long term conditions

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

Good



- The practice performed better than the national average in some of the diabetes indicators outlined in the Quality and Outcomes Framework (QOF) for 2014-2015. However, clinical exception reporting was higher than the Clinical Commissioning Group (CCG) and national averages. The practice stated the sudden closure of two GP practices during the period of 2014-2015 resulted in the addition of 800 plus patients to their register. This affected the clinical exception reporting rate.
- The practice encouraged patients to self refer to education programmes such as Expert for the management of diabetes and other long term conditions.
- Longer appointments and home visits were available when needed.
- All 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.

Summary of findings

Families, children and young people

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

Good



- 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 comparable to the locality 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.
- Quality and Outcome Framework (QOF) 2014-15 data showed that practice performance was slightly below the Clinical Commissioning Group and the national averages. For example, 70% of patients with asthma, on the register, who had received an asthma review in the preceding 12 months (CCG 76% and national data 75%).
- The practice's uptake for the cervical screening programme was 81%, similar to the CCG and the national average of 82%.
- The practice had been proactive in raising awareness of breast screening and with Public Health England had held a drop in session in May 2016 for women to attend. Between 45 and 50 women were seen.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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).

Good



- 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 offered flexible surgery times including late night appointments on a Monday evening and early morning appointments Tuesday to Friday. Weekend appointments were available from the Out of Hours provider Mastercall.
- Telephone consultations were available.
- 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.

Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice used pictorial information to promote better understanding of the purpose of invitations to people with a learning disability for their annual health check.
- 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.
- 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 outstanding for the care of people experiencing poor mental health (including people with dementia).

Outstanding



- Staff had a good understanding of how to support patients with mental health needs and dementia.
- 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. As a result of this monthly monitoring the practice had undertaken a significant amount of work to improve their performance and had increased dementia diagnosis rate from 55% to 81% between April 2014 and March 2015.
- The practice provided memory assessments and patients diagnosed with dementia had an agreed care plan in place.
- All administration staff were dementia friends and had received additional training in techniques for managing behaviours of people living with dementia.
- The practice was working closely with the local memory clinic to develop staff skills in GP practice so that better support was provided locally to people with dementia. A shared care protocol had been developed.

Summary of findings

- The practice was proactive in signposting and supporting patients to self refer to Improving Access to Psychological Therapies (IAPT); to the charity ARC (Arts for Recovery in the Community) and prescribing exercise on prescription.
- Alerts were posted on patient electronic records to identify those who were assessed as high risk.
- 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months, which was above the CCG average of 91% and the national average of 88%.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line or above national averages. A total of 299 survey forms were distributed, and 113 were returned. This was a response rate of 38% and represented approximately 1.35% of the practice's patient list.

- 75% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 79% national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and the national average of 85%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.

- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and the national average of 78%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards, which were positive about the standard of GP care received. Patients described the service as good, staff were helpful and respectful and the GP was described as caring and responsive. Two comment cards referred to the poor attitude of reception staff and difficulty on occasion getting a routine appointment. We spoke briefly with four patients during the inspection and one patient by telephone. They said they were very satisfied with the service they received. One mentioned the attitude of some reception staff when seeking advice and support.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvements are:

- Implement assessments of the practice building for Legionella and asbestos.
- The clinical nursing team should attend the weekly clinical meeting to ensure they are kept up to date with clinical issues and significant event investigations.

- The planned action to develop the patient participation group should be implemented.
- Clinical protocols should be accessible to the clinical team.
- The practice manager should formalise their 'to do' list into a documented action plan to monitor progress in achieving its objectives.
- The practice should identify and maintain a list of patients who are also carers.

Outstanding practice

We saw some areas of outstanding practice:

- The practice was committed to supporting patients with dementia more effectively and had undertaken a significant amount of work to improve their performance. For example, the practice had increased its dementia diagnosis rate from 55% to 81% between April 2014 and March 2015. The

practice provided memory assessments and patients diagnosed with dementia had an agreed care plan in place. The practice implemented a shared protocol with the local memory clinic to provide better

Summary of findings

support locally to its patients. Reception staff were dementia friends and had received additional training in techniques for managing behaviours of people living with dementia.

Park View Group Practice

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 the CQC Deputy Chief Inspector for the North who attended the inspection as part of their induction.

Background to Park View Group Practice

Park View Group Practice is part of the NHS Stockport Clinical Commissioning Group (CCG). Services are provided under a general medical services (GMS) contract with NHS England. The practice told us that they had 8431 patients on their register.

Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 77 years in the practice geographical area and is below the England and CCG averages of 79 years. Female life expectancy at 83 years is reflective of local and England averages.

The practice is a partnership between five GPs (four male and one female). Four partners are registered with CQC and the fifth partner has commenced their application to be registered. The practice employs a practice manager, a project manager, a reception manager, and three practice nurses, including one advanced nurse practitioner, two health care assistants as well as reception and admin staff.

The practice is open between 8am to 6.30pm Monday to Friday, with extended hours for GP appointments on a

Monday evening between 6.30 and 7.30pm and Friday mornings from 7.30am. Practice nurse and health care assistant appointments were available Tuesday, Wednesday and Thursday mornings from 7.30 to 8am. Weekend appointments are available that the Out of Hours provider Mastercall.

When the practice is closed patients are asked to contact NHS 111 for Out of Hours GP care.

The practice provides online access that allows patients to order prescriptions and request and cancel an appointment.

The practice building provides ground level access that is suitable for people with mobility issues.

The practice has been successful in obtaining funding via the Primary Care Infrastructure Fund to extend the practice to add three additional consultation rooms.

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.

Detailed findings

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 1 September 2016.

During our visit we:

- Spoke with a range of staff including four GP partners, the practice manager, the project manager, a health care assistant, a practice nurse, and admin and secretarial staff.
- We spoke with four patients briefly, a fifth patient on the telephone and reviewed 25 comment cards.
- We observed how reception staff communicated with patients.
- Reviewed a range of records including staff records and environmental records.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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. Different staff told us of incidents, which they were aware of. They confirmed there was an open safe environment to raise issues. A policy was in place to support 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).
- Records of significant events showed that detailed investigation had been carried out and actions to improve service delivery recorded. All incidents and many complaints were also investigated as significant events. A log of significant events was maintained and each incident was supported by a detailed record of the investigation into the incident. Weekly operational and clinical team meetings were held where learning from significant events and complaints was shared as appropriate. However, regular attendance by members of the nursing team to the clinical part of the operational meeting would provide documented evidence that clinical issues and outcomes from investigations were discussed and shared.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and procedures 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, supported by easy read flow diagrams clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP was the lead member of staff for safeguarding and the deputy safeguarding lead was one of the practice nurses. The GP attended children's safeguarding meetings when possible and the practice nurse attended adult meetings. Reports were

provided to other agencies when required. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GPs were trained in child safeguarding level 3 and other staff were trained appropriately.

- Notices in the waiting room and consultation rooms 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The infection control clinical lead 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, the lead nurse for infection control had undertaken a hand washing audit for all staff, nursing staff had received training for aseptic non-touch technique (ANNT), systems had been improved to ensure stocks of medicines, and equipment were rotated and used in date order.
- 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 that 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. Alongside the CCG pharmacy guidance, one GP partner had identified an additional list of medicines for the practices GPs to avoid prescribing. The list of medicines were not proven to be more effective than alternatives but were more expensive. The practice monitored the use of paper prescriptions and pads. The stock of vaccines were

Are services safe?

monitored weekly by the practice nurse and the practice based medicine coordinator maintained monthly logs of stocks and their expiry dates. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines such as the influenza vaccine to patients safely and in line with legislation.

- 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.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had a building fire risk assessment and regular fire alarm checks were undertaken. 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 copies of other risk assessments in place for the premises. The practice had been successful in obtaining funding via the Primary Care Infrastructure Fund to extend the practice to add three additional consultation rooms. The practice manager and partners were aware that Legionella and asbestos building assessments were required and these were included on the practice manager's action plan as areas that need to be undertaken. It was anticipated these assessments would be undertaken as part of the building work.

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support and anaphylaxis training.
- A defibrillator was available on the ground floor and this was accessible to all practices in the building. This was checked daily.
- Oxygen with adult and children's masks was 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.
- 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 GP partners and practice staff confirmed they received updates directly by email from the Clinical Commissioning Group (CCG). They told us that they discussed those relevant to the work they carried out to ensure patients' needs were met in line with best practice.
- Discussion with members of the clinical staff team demonstrated that staff were aware of the guidelines and implemented these appropriately. For example following a medicines alert the practice responded by reviewing and amending the prescriptions of Valproate and its use by pregnant women. (Valproate is a medication primarily used to treat epilepsy and bipolar disorder and to prevent migraine headaches.)

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 practice supplied unverified data that they had achieved 99% of the total number of QOF points available for 2015-2016. The most recent published results for the year 2014 to 2015 showed the practice achieved 99.3% of the total number of points available, with overall 9.4% clinical exception reporting. This rate of exception reporting was higher than the CCG average by 3.2%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. The practice stated, that the sudden closure of two GP practices during the period of 2014-2015 resulted in the addition of 800 patients to the practice register. Despite this sudden increase of patients, the practice achieved over 99% of the QOF points available. The GP partners emphasised that they achieved this even though one of the practices that closed had significant

shortfalls in their QOF data and only achieved about 80% of the QOF points available. The practice achieved similar percentages in all the QOF diabetic indicators for 2014-15 when compared to the CCG and the England averages. However, clinical exception reporting for some indicators was also higher. For example:

- 79% of patients with diabetes on the register had a blood pressure reading below 140/80mmHg in the preceding 12 months compared to the CCG average of 80% and the England average 78%. Clinical exception reporting was 18% for the practice, 6% for the CCG and 9% for the national average.
- 76% of patients with diabetes registered at the practice received a diabetic foot check compared with the CCG average of 84% and the England average of 88%. Clinical exceptions for the practice were 9% compared to the CCG of 6% and the England average 8%.
- The percentage of patients with diabetes on the register in whom the last blood test (HbA1c) was 64 mmol/mol or less in the preceding 12 months (01/04/2014-31/03/2015) was 84% compared to the CCG average of 80% and England average of 78%. Clinical exception reporting for this indicator for the practice was almost 12%. The CCG average was 8% and the England average was 12%.

The GP partners confirmed that they had taken action to improve their exception reporting in 2015-2016 and for this year also. For example, the practice recognised that diabetic foot checks needed improvement and had employed a podiatrist to do some of these. The podiatrist reviewed 105 patients in 2015. In addition one health care assistant was now trained in undertaking diabetic foot checks and weekly diabetic clinics were held jointly between the diabetic lead GP and the health care assistant so patients with diabetes received a complete health review. This was monitored and regularly reviewed and the practice's data controller advised the weekly diabetic meetings had improved the practice's clinical exception reporting.

In addition, the practice had implemented a recall service that included repeated use of text message reminders, telephone call reminders and reminders recorded on

Are services effective?

(for example, treatment is effective)

patients repeat prescription slips. Reception staff also responded to flags on patients' records by asking patients who contacted the surgery, to attend an appointment for a review.

There was evidence of quality improvement including clinical audit.

- Evidence from two clinical audits was available which demonstrated improvements were implemented and monitored. These included an audit of patients prescribed medicines such as ACE inhibitors (ACE inhibitors are medicines that are used to treat high blood pressure) and beta blockers for left ventricular dysfunction. The audit identified the patients that were prescribed these medicines were not prescribed the dose recommended by NICE. As a result, a protocol was developed that flagged up patients on the electronic patient record who were not on the optimum medicine dosage for their condition. Patients were invited into the practice for a review and discussion about their treatment. The re-audit undertaken this year showed that the number of patients correctly coded had increased and that patients on the correct or 'target' dose of medicine had also increased.
- Other recent clinical audits included monitoring of two week referrals to secondary care for suspected cancer.
- The practice also participated in pilot schemes including providing practice based assessment and treatment of skin lesions.
- One of the GP partners had developed a range of alerts and protocols to flag up reminders to staff on the patient electronic database. This ensured clinicians comprehensively screened patients opportunistically when they attended the practice for other issues.

Effective staffing

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

- The practice was committed to providing staff with training and support to ensure they provided evidence based clinical care.
- 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, educational meetings were held approximately four times per year; more recent subjects covered included Diabetes, Orthopaedic limb injections and the menopause.
- In addition role-specific training and updating for those staff who reviewed patients with long-term conditions was also provided. For example, the GPs and the practice nurses were clinical leads for patients with long term conditions. One practice nurse was trained to undertake assessment of patients with suspected memory issues. If a patient was diagnosed with dementia, the practice nurse agreed a care plan with the patient and their carers and continued to monitor and review their health and wellbeing. Approximately 70 care plans had been recorded. Health care assistants were also supported with their development. One health care assistant practitioner had received training to undertake spirometry and was being mentored by the nurse practitioner and the other health care assistant had just completed their level 3 certificate in health and social care and was being supported and mentored to administer some vaccines.
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered immunisations and vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online 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.
- The practice manager offered staff a monthly 'keeping in touch' meeting which provided staff with opportunities to discuss privately personal and work issues.
- All staff had received an appraisal within the last 12 months and staff had agreed learning development objectives. All staff spoken with were very positive about the support they received from the practice manager.
- The practice supported medical students.

Are services effective?

(for example, treatment is effective)

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 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 was proactive in supporting patients on the palliative care register and used an electronic communication tool Electronic Palliative Care Coordination Systems (EPaCCS) to record information that was accessible to the Out of Hours provider and the local hospital. This ensured that clinicians could provide the right level of care and treatment in accordance with patient wishes.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis including palliative care meetings, multi-disciplinary complex care meetings and safeguarding meetings. One of the GP partners was proactive in facilitating working relationships with other health professionals and would call into for example the district nurses team or a pharmacy if there was a specific patient issue to discuss.

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 and Deprivation of Liberty Safeguards (DoLS).
- 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.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG and England average of 82%. The practice sent reminder text messages, letters and calls to patients who did not attend for their cervical screening test. There were systems in place to ensure results were received for all samples sent for cervical screening 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, although data supplied from the National Cancer Intelligence Network (NCIN) indicated that the practice's screening rates for breast cancer and bowel cancer were lower than the CCG and England averages. The practice was aware of this and had asked Public Health England to assist them in raising awareness about breast screening. As a result, an informal drop in session was held at the practice in May 2016 and patients were invited to attend to discuss breast health issues. Between 45 and 50 women were seen and of these two were requested to see their GP. One of the GPs had devised an electronic template and flag to send reminders to patients who did not respond to requests for bowel screening.
- Childhood immunisation rates for the vaccinations given were similar to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 93% compared to the CCG range of 79% to 93%. Data for five

Are services effective? (for example, treatment is effective)

year olds ranged from 85% to 93% compared to the CCG range of 88% to 93%.•The practice had commenced its winter flu campaign and was advertising an open Saturday morning flu clinic for the 1 October 2016.

- Patients had access to appropriate health assessments and checks. These included health checks for new

patients and NHS health checks for patients aged 35–74. 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.

We received 25 comment cards, which were positive about the standard of GP care received. Patients described the service as good, staff were helpful and respectful and the GPs were described as caring and responsive. Two comment cards referred to the poor attitude of reception staff and difficulty on occasion getting a routine appointment. We spoke briefly with four patients during the inspection and one patient by telephone. They said they were very satisfied with the service they received. One mentioned the attitude of some reception staff when seeking advice and support.

The practice was aware of patient's concerns and had taken action to improve their service delivery. Reception staff had received training on techniques for answering the telephone so that patients received a more appropriate response.

The results from the most recently published GP Patient Survey (July 2016) rated aspects of the care and service provided to patients similar to the Clinical Commissioning Group (CCG) and England averages. Results from the national GP patient survey showed patients felt on the whole that they were treated with compassion, dignity and respect. For example:

- 93% of patients said the GP was good at listening to them compared to the CCG average of 92% and the England average of 89%.

- 89% of patients said the GP gave them enough time compared to the CCG average of 91% and the England average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the England average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the England average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the England average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the England average of 87%.

The practice posted its Friend and Family test results on their website. Results for June and July 2016 showed the majority of respondents each month were extremely likely to recommend the practice to their friends and family.

In addition, the practice manager had posted a short questionnaire on the practice's Facebook page to seek patients views about what type of health information would patients like to see. Information about the health issues receiving the most requests was posted on the Facebook page. These included information about cancer screening programmes, mental health, depression and obesity and weight loss.

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' responses were similar or better than the averages for the CCG and England. For example:

Are services caring?

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the England average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and England average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average 88% and the England average of 85%.

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 and we were provided with examples when these services had been used.

- The practice did not have a hearing loop, however the practice stated they would arrange a sign language interpreter via the CCG if required to meet the needs of patients with hearing impairment.

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 manager confirmed that they had not yet compiled a carer's list and this was included on the practice manager's to do list.

The practice supported bereaved patients. They offered support as requested by the patient.

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 evening appointments on Monday evenings and early morning appointments Tuesday to Friday.
- There were longer appointments available for patients with a learning disability or special health care needs.
- Easy read literature was used to invite patients with a learning disability for their annual review. The practice said this had increased the response rate to the invitations for a review.
- 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. As a result of this monthly monitoring the practice had increased dementia diagnosis rate from 55% to 81% between April 2014 and March 2015.
- The practice was working closely with the local memory clinic to develop staff skills in GP practice so that better support was provided locally to people with dementia. A shared care protocol had been developed. The GP partners were also working with the local hospital geriatrician consultant to identify ways of increasing access to their service. One option being considered was for the consultant to visit the practice to see patients there.
- The practice provided memory assessments. Over 70 patients with a diagnosis of dementia had an agreed care plan in place. These patients received an annual face-to-face review and additional reviews and support as required.
- All administration staff were dementia friends and had received additional training in techniques for managing behaviours of people living with dementia. The practice manager had been liaising with the trainer to extend this training to family and friends of patients with dementia. In addition, the practice manager was liaising with the charity Knit for Peace to set up a group of volunteers to knit Twiddlemuffs. (A Twiddlemuff is a double thickness hand muff with bits and bobs attached inside and out. It is designed to provide a stimulation activity for restless hands for patients suffering from dementia.)
- The practice was proactive in signposting and supporting patients with mental health issues to self refer to Improving Access to Psychological Therapies (IAPT); to the charity ARC (Arts for Recovery in the Community) and prescribing exercise on prescription.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- A designated health care assistant carried out weekly visits to housebound patients and, those with a long term conditions to undertake a range of monitoring health checks.
- Systems to review and support patients at risk of unplanned admission to hospital were in place and over 2% of patients had a care plan in place.
- The practice had recently trained a member of staff to be a cancer champion. This person provided a responsive and supportive role to patients with cancer and those on the palliative care register.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice was working with the CCG and participated in pilot schemes to improve services to patients. For example two GPs had received additional training in dermatology and been provided with a Dermatoscope (an instrument to study skin lesions in more detail). The aim of the pilot was to reduce the number of patient referrals to dermatology (secondary care) by providing GPs with the additional knowledge and equipment to undertake a more thorough assessment of skin lesions. The GPs told us that they had identified two patients with malignant melanoma since they had received this additional training.
- Patients were able to receive travel vaccinations available on the NHS.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice promoted patient access to a range of community health care support initiatives including patient education programmes for the self-management of long term conditions such as diabetes.

Access to the service

The practice reception opened between 8am to 6.30pm Monday to Friday, with extended hours for GP appointments on a Monday evening between 6.30 and 7.30pm and Friday mornings from 7.30am. Practice nurse and health care assistant appointments were available Tuesday, Wednesday and Thursday mornings from 7.30 to 8am. Routine bookable weekend appointments were available at the Out of Hours provider Mastercall.

Patients could pre-book appointments up to two weeks in advance; urgent appointments were also available each day for people that needed them. The practice had a policy of offering each patient an on the day appointment if they requested it. Telephone consultations were available each day.

At the time of our visit two routine appointment slots were available for later in the afternoon, two appointments were available for the following Monday and several appointment slots were available on the Tuesday. The practice used a text message service to remind patients of their appointments. The text message service also allowed patients to cancel appointments if they no longer required it.

The practice monitored patient attendance at appointments and displayed the number of hours lost due to patients not attending booked appointments.

Results from the national GP patient survey (July 2016) showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 75% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the national average of 73%.

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

The practice was aware of patient's frustrations of trying to get through to the practice on the telephone. They were working with the CCG to improve this and a new telephony platform, which allowed call routing, was being trialled at another practice within the CCG, with a view to being rolled out across the CCG.

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.
- The practice manager was the designated responsible person who handled all complaints in the practice.

The practice had received 16 complaints in the last 12 months. We reviewed three of these. We saw that complaints had been responded to appropriately in a timely way, with openness and transparency. The complaint investigation and response to the complainant contained an apology, detailed the reflective practice and changes the practice had made to minimise the risk of re-occurrence. Some complaints were also investigated as significant events and evidence was available to demonstrate that the practice used the learning from complaints to improve the quality of service they provided to patients.

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's mission statement was "Park View Group Practice is committed to providing a high quality, evidence based and cost effective service to all registered patients in a caring, responsive, courteous and supportive manner". This underpinned the practice's vision for the service it provided.

- Staff told us that the appointment of the practice manager had made a difference and that in the last 12-18 months they felt more involved in the practice's development.
- There was a commitment by all the practice staff we spoke to, to deliver a quality service.
- The practice employed a part time project manager who worked with the business partners and practice manager to develop and improve the service and facilities. The project manager had successfully supported the practice to submit a bid to the GP development scheme to extend the building to provide additional consultation rooms.
- In addition, the project manager had developed a business and clinical governance practice development plan to ensure a range of areas were monitored and regularly reviewed.
- The practice manager had a 'to do' list that was not formalised into a documented action plan. A documented action plan with timescales would strengthen the practice's governance arrangements and provide a framework for monitoring progress in achieving its objectives, for example in identifying patients who were also carers.

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:

- Practice specific policies were implemented and were available to all staff. Although clinical protocols for the management of long term conditions were available they were not readily accessible to the practice nursing and health care assistant team.

- A comprehensive understanding of the performance of the practice was maintained. There was a strong commitment to patient centred care and effective evidence based treatment.
- The practice partners had distinct leadership roles and there was a clear staffing structure and staff were aware of their own roles and responsibilities.
- The practice encouraged inclusive team work and all staff had been allocated specific areas of responsibility and leadership.
- Governance procedures were well established and weekly clinical governance meetings were undertaken. However, we were told that the practice nurses attended these only occasionally.
- Clinical and internal audit, significant event analysis and complaint investigations were used to monitor quality and drive improvements for the practice and for individuals.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. These were reviewed regularly.
- The practice engaged with the Clinical Commissioning Group (CCG) and attended meetings to contribute to wider service developments. One GP partner was the Local Medical Council chair (LMC) and another GP partner was the CCG planned Care lead and Cancer Lead.

Leadership and culture

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 very 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). 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:

Are services well-led?

Good 

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

- The practice gave affected people support, truthful information and an appropriate 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.

- Reception and administrative staff confirmed they had weekly meetings with the practice manager and there were weekly governance meetings for the GPs. Minutes of these meetings were available. Staff told us that the staff team was small and that any issues or concerns were discussed daily.
- Staff told us there was an open culture within the practice and they had the opportunity to raise issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. Staff said the new practice manager had had a positive impact on the working environment and they felt supported. The partners were proactive in supporting staff to undertake training to develop their skills and abilities.

Seeking and acting on feedback from patients, the public and staff

The practice did not have an active patient participation or patient reference group. The practice manager confirmed that this was on her to do list. They told us there was many areas that required immediate action to improve service delivery and that they had prioritised these first.

- The practice provided the opportunity for patients to feedback about their experiences in real time by providing an accessible electronic tablet in reception area where patients could comment on the service that they had received that day.
- The practice manager had also recently set up a Facebook page for the practice. This enabled the practice to share information and update their patient population in real time about any practice and local issues. For example, recently the practice manager had

posted a short questionnaire to seek patients views about what type of health information would patients like to see on the Facebook page. As result of the feedback the practice had included information about cancer screening programmes, mental health, depression and obesity and weight loss.

- The practice posted its Friend and Family test results on their website. Results for June and July 2016 showed the majority of respondents (50 plus) each month were extremely likely to recommend the practice to their friends and family.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice.

- The practice team was forward thinking and this included developing and using technology effectively to improve service delivery to patients. The practice had an IT strategy and one GP partner was proactive in developing new ways of using technology and IT software to assist the practice to support patients more efficiently and effectively.
- The practice was a long standing teaching practice and one partner was the lead undergraduate tutor.
- The practice was proactive in working collaboratively with multi-disciplinary teams to improve patients' experiences and to deliver a more effective and compassionate standard of care.
- The practice recognised future challenges and areas for development. These included improving the telephone system, extending the practice building and facilities and recruiting GPs.
- The practice monitored its performance and benchmarked themselves with other practices to ensure they provided a safe and effective service. Good evidence was available that demonstrated the practice took action to improve any gaps in performance.
- The practice worked closely with the Clinical Commissioning Group (CCG).