

Park Crescent Health Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

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 Crescent Health Centre on 28 October 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. However, we

saw from results of the national GP patient survey that the practice was performing below the CCG and national average in patients feeling involved in their care.

- Patients told us they were able to get appointments when they needed them and were generally able to see their GP of choice. However, results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment and getting to see their preferred GP was below local and national averages.
- Information about services and how to complain was available and easy to understand and the practice evidenced learning from complaints they had received.
- Patient feedback was mixed in relation to finding it easy to make an appointment with a named GP, with patients we spoke with on the day saying they hadn't experienced any difficulties although results of the GP patient survey were lower than average in this area.
- Patients we spoke to told us there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- To review national GP patient survey results and include areas of lower than average patient satisfaction in the practice action plan for the year.
- To address the needs of patients' experiencing difficulty making an appointment with a named GP.
- To address the needs of patients' experiencing difficulties getting through by phone.
- To address the needs of patients not satisfied with the convenience of their appointment and their overall experience of making an appointment.
- Take action to ensure that patients feel involved by their GP in their care.
- To ensure that a permanent practice management structure is in place moving forwards.
- To review the use of extended hours access appointments to ensure they are meeting the needs of all groups of patients including those of working age.
- To review the function of the PPG and work together with them to ensure they are active and their views are used to contribute to the development of the practice.

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



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice and incidents were regularly discussed at practice meetings so as to involve staff in improving practice as a result.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice higher than others for several aspects of care, including the treatment and concern from GPs and nurses.
- Patients said they were treated with compassion, dignity and respect and they were generally involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed and understood the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. This included working with the CCG and other local practices in proactive care cluster groups designed to improve services for vulnerable patients.
- Patients we spoke with said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. However, results from the national GP patient survey indicated the practice was significantly lower than the national and CCG average in this area.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

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

Good



Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

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.
- Specific initiatives to include an in-house citizens advice bureau service and a free telephone call service in the reception area to local community services where patients can get help and advice.
- The practice held regular frailty meetings where to review patients who were considered frail and requiring additional support. They also held bi-monthly palliative care meetings and were involved in a CCG led proactive care initiative.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the CCG and national average at 97.7%, 8.2% above the CCG average and 8.5% above the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Specific initiatives included an in-house citizens advice bureau service and a free telephone call service in the reception area to local community services where patients can get help and advice.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high 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.
- The practice's uptake for the cervical screening programme was 73.9%, which was comparable to the CCG average of 72.4% and the national average of 76.7%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- The practice provided sexual health drop in clinics for teenagers.
- The practice offered STI screening, cervical smears and family planning, including coil insertion and contraceptive advice.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice healthcare assistant provided a comprehensive smoking cessation service using a 12 week programme.
- Telephone consultations were available for patients who found it difficult to attend the surgery during work hours.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability and undertook comprehensive learning disability checks.

Good



Summary of findings

- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told 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.
- The practice had a dedicated carer link worker who provided support and access to carer services.
- The practice provided substance misuse clinics.

People experiencing poor mental health (including people with dementia)

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

- 80.8% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, this was higher than both the national and CCG averages.
- Performance for mental health related indicators was better than the CCG and national average at 100%, 10.5% above the CCG average and 7.2% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results was published on 8 July 2015. The results showed the practice was performing in line with local and national averages. 395 survey forms were distributed and 113 were returned, a return of 29%.

- 47% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 86% found the receptionists at this surgery helpful (CCG average 89%, national average 87%).
- 87% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 86% said the last appointment they got was convenient (CCG average 92%, national average 92%).
- 60% described their experience of making an appointment as good (CCG average 76%, national average 73%).

- 83% usually waited 15 minutes or less after their appointment time to be seen (CCG average 66%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care received. Patients described a service where staff were approachable, friendly and professional. Patients felt they were treated with compassion and respect and that their dignity was maintained.

We spoke with nine patients during the inspection. Eight of the nine patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. We saw that some patients had difficulty accessing appointments or accessing appointments with their preferred GP.

Areas for improvement

Action the service SHOULD take to improve

- To review national GP patient survey results and include areas of lower than average patient satisfaction in the practice action plan for the year.
- To address the needs of patients' experiencing difficulty making an appointment with a named GP.
- To address the needs of patients' experiencing difficulties getting through by phone.
- To address the needs of patients not satisfied with the convenience of their appointment and their overall experience of making an appointment.
- Take action to ensure that patients feel involved by their GP in their care.
- To ensure that a permanent practice management structure is in place moving forwards.
- To review the use of extended hours access appointments to ensure they are meeting the needs of all groups of patients including those of working age.
- To review the function of the PPG and work together with them to ensure they are active and their views are used to contribute to the development of the practice.

Park Crescent Health Centre

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 advisor, a second CQC inspector, a practice nurse specialist advisor, a practice manager specialist advisor and an Expert by Experience.

Background to Park Crescent Health Centre

Park Crescent Health Centre offers general medical services to people living and working in the Lewes road area of Brighton and Hove. It is a practice with five GP partners (male and female). There are three salaried GPs and four practice nurses, two healthcare assistant, phlebotomist, and an assistant practice manager and a team of administrative staff. The practice had an interim practice manager in post who provided consultancy input as they had experienced difficulties appointing a permanent practice manager. There are approximately 13300 registered patients.

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks, travel advice and weight management support.

Services are provided from:

1 Lewes Road, Brighton, Brighton and Hove, BN2 3HP

The practice has opted out of providing Out of Hours services to their patients. There are arrangements for patients to access care from an Out of Hours provider (IC24/111).

The practice population has a slightly higher than average number of patients aged 0 to 4 years and a below average number of patients aged 65 and over. The practice has a higher deprivation score compared to the national average and a significantly higher percentage of patients in paid work or full time education.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

How we carried out this inspection

Before visiting the practice we reviewed a range of information we hold. We also received information from local organisations such as NHS England, Health watch and the NHS Brighton and Hove Clinical Commissioning Group (CCG). We carried out an announced visit on 28 October 2015. During our visit we spoke with a range of staff, including GPs, practice nurses, a healthcare assistant and administration staff. In total we spoke with 20 members of staff.

We observed staff and patients interaction and talked with five patients, including one member of the practice PPG.

Detailed findings

We reviewed policies, procedures and operational records such as risk assessments and audits. We reviewed five comment cards completed by patients, who shared their views and experiences of the service, in the two weeks prior to our visit.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

Older people

People with long-term conditions

Families, children and young people

Working age people (including those recently retired and students)

People living in vulnerable circumstances

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 (QOF) 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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw evidence of significant event discussions where staff were able to contribute to the learning and improvement of practice such as methods for closer monitoring of patients with similar names to prevent future mistakes.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that they could request a chaperone, if required. All staff who acted as chaperones were trained for the role and had

received a disclosure and barring check (DBS check). The practice had risk assessments in place, identifying the staff roles that required a 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 practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was

Are services safe?

checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. A legionella risk assessment had been carried out in December 2013 and annual water testing had been carried out in 2014 and was due again by the end of 2015. We saw that this was booked in for January 2016.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. For example, we saw that the lead nurse managed the nursing rota and that staff would cover for each other. We also saw that the practice had contingencies in place as part of their business continuity plans relating to staffing.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.1% of the total number of points available, with 11.2% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was better than the CCG and national average at 97.7%, 8.2% above the CCG average and 8.5% above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average at 88.5%, 0.8% above the CCG average and 2.1% below the national average.
- Performance for mental health related indicators was better than the CCG and national average at 100%, 10.5% above the CCG average and 7.2% above the national average.
- The dementia diagnosis rate was below the CCG and national average at 0.19% compared to 0.55% (CCG) and 0.73% (national).

Clinical audits demonstrated quality improvement.

- We viewed five clinical audits completed in the last two years, including prescribing audits, an inadequate smears audit, a cancer diagnosis audit and an audit of

patient deaths. There was evidence of completed audits where the improvements made were implemented and monitored. For example we saw that findings from the audit of patient deaths identified a number of patients who could have been included on the palliative care register. This led to discussions at palliative care education sessions and increased awareness of adding patients with non-malignant disease to the palliative care register.

- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a review of prescribing guidelines and increasing awareness of side effects and medicines interactions alongside exploring alternatives.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a bi-monthly basis and that care plans were routinely reviewed and updated. Multi-disciplinary meetings included those for patients on the palliative care register and also for those with complex issues. Attendance at these meetings included representatives from nursing, medicine and mental health.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those in need of sexual health advice. Patients were then signposted to the relevant service.
- Smoking cessation support was available within the practice from the healthcare assistant via a 12 week programme.
- The practice ran a drop in clinic for teenage sexual health.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 73.9%, which was comparable to the CCG average of 72.4% and the national average of 76.7%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were at 90% and five year olds at 70%. Flu vaccination rates for the over 65s were 67.34% and at risk groups 43.97%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 24 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for many of its satisfaction scores on consultations with doctors and nurses. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 85% said the GP gave them enough time (CCG average 84%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).

- 86% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

However, results from the national GP patient survey showed patient response was mixed to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 72% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified where patients of the practice list were also carers. Written information was available to direct carers to the various avenues of support available to them in the form of a carers pack.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered telephone consultations for patients during working hours. They had previously offered extended hours appointments but uptake of these by working age patients was limited. We saw that future use of extended hour's appointments was included on practice action plans and work with the practice PPG.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- There was lift access to all floors within the surgery.
- The practice participated in a local proactive care cluster group of GPs run by the local CCG.
- The practice provided additional support around accessing services for carers and hosted a wellbeing counselling service.
- The practice provided sexual health drop in services for teenagers.
- The practice provided substance misuse services.

Access to the service

The practice was open between 08.00am and 6.00pm Monday to Friday. Between 6.00pm and 6.30pm an out of hour's service was available. Appointments were from 08.30am to 12.30pm every morning and from 2.30pm to 5.30pm daily. Extended hours surgeries were not being offered although these had been offered in the past and we saw that there had been recent discussions about providing them in the future. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 47% patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 60% patients described their experience of making an appointment as good (CCG average 76%, national average 73%).
- 83% patients said they usually waited 15 minutes or less after their appointment time (CCG average 66%, national average 65%).

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system through a patient complaint leaflet that was available at reception and a poster in the waiting area.

We looked at 18 complaints received in the last 12 months and that these were satisfactorily handled. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, we saw a complaint from a patient who had not received a call back from a GP as expected. We saw that this was discussed in a complaint review meeting and that action/ learning included information for administrative staff to be clear when passing on tasks to GPs to include if the patient is expecting a call back.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- We saw that specific action relating to executing the strategy included improving the way the practice worked with the patient participation group (PPG).

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- the practice gives affected people reasonable support, truthful information and a verbal and written apology
- They 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. However, the practice had experienced difficulties recruiting to the vacant practice manager post. They had developed an interim arrangement that included using a temporary consultant practice manager and creating interim roles for existing staff.

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We also noted that a team away day had been held to develop the practice strategy and business plan and we saw that a follow up day was planned for when the new practice manager was in post.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice had a track record of encouraging and valuing feedback from patients, the public and staff. Specific actions included involving patients in the design and development of premises and the review of patient satisfaction surveys. However, representatives of the PPG we spoke with told us they felt that the PPG had become stagnant in the absence of a permanent practice manager and that their feedback/input was not being sought in the way it once was.

- The practice reviewed the friends and family results on a regular basis and they had undertaken a patient satisfaction survey that led to an action plan to address areas of concern. A key area for development was access

Are services well-led?

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to appointments and we saw clear action plans to address this, including increasing online appointment booking to reduce telephone activity and raising awareness for patients on the different ways of booking appointments.

- There was an active PPG which had previously met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. These meetings had not been on a regular basis in recent months, however we saw that the practice was working with the PPG to address this and we saw that one of the strategic objectives included restoring the work of the PPG.
- The practice had also gathered feedback from staff through a staff survey and attendance at away days and through staff meetings, appraisals and discussions. Staff

told us they felt valued and would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. This included working with the CCG and other local practices on a proactive care project where the practice participated in cluster meetings and looking at ways to better support vulnerable patients.