

Park End Surgery

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 End Surgery on 17 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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 were positive about the standard of care they received and about staff behaviours. They said staff were supportive, helpful, professional and caring and that their privacy and dignity was respected.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice 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 improvements are:

- Ensure that all staff employed are supported by completing the essential training relevant to their roles.
- Ensure the practice's fire procedures are updated to make provision for the evacuation of anyone with mobility issues or special needs.
- Continue to identify and support carers in its patient population.

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 learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unexpected safety incidents, patients received reasonable support and truthful information. 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable with or above the local and national averages.
- 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 staff.
- Staff worked with multi-disciplinary teams 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



- Data from the National GP Patient Survey published in January 2016 showed patients rated the practice above local and national averages for all aspects of care.
- 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.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Data from the National GP Patient Survey published in January 2016 showed patients rated the practice above local and national averages for access to the practice. Patients said they found it easy to make an appointment with a named GP and get through to the practice by phone and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on.

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.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- Older people had access to targeted immunisations such as the flu vaccine. The practice had 2,256 patients aged over 65 years. Of those 1,528 (68%) had received the flu vaccine in the 2015/2016 year.
- The GPs completed regular visits to local nursing and residential homes to ensure continuity of care for those patients.

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 comparable with the CCG and national averages. The practice achieved 89% of the points available compared to the CCG average of 91% and the national average of 89%.
- All newly diagnosed patients with diabetes were managed in line with an agreed pathway.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GPs worked with relevant health and care professionals to deliver a multi-disciplinary package of care.

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 may be at risk,

Summary of findings

for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to other practices in the local area 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 79% which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were six week post-natal checks for mothers and their children.
- A range of contraceptive and family planning services were available.

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 offered online services such as appointment booking and repeat prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.
- There was additional out of working hours access to meet the needs of working age patients. There was extended opening at Park End Surgery until 7pm every Monday and from 7.30am until 8.30pm every Tuesday and at Meriden Surgery until 7pm every Monday and from 7.30am until 7pm every Tuesday.

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 those with a learning disability. There were 81 patients on the practice's learning disability register at the time of our inspection. Of those, 50 (62%) had received a health review in the past 12 months.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability and there was a GP lead for these patients.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.
- Additional information was available for patients who were identified as carers and there were two nominated staff leads for these patients. Although the total number of carers identified and those receiving an annual health review was low.

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).

- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was comparable with the CCG average of 85% and the national average of 84%.
- Performance for mental health related indicators was better than the CCG and national averages. The practice achieved 100% of the points available compared to the CCG average of 96% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Mental health trust well-being workers were based at both Park End and Meriden surgeries every week and an NHS counsellor was available every Tuesday from Park End Surgery one week and Meriden Surgery the next week in rotation.
- There was a GP lead for mental health and dementia.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results published in January 2016 showed the practice was consistently performing above local and national averages. There were 327 survey forms distributed and 106 were returned. This was a response rate of 32% and represented less than 1% of the practice's patient list.

- 99% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 99% described the overall experience of their GP surgery as fairly good or very good (CCG average 88%, national average 85%).
- 97% said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area (CCG average 83%, national average 78%).

We asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards. We also spoke with seven patients during the inspection. From this feedback we found that patients were positive about the standard of care received. Patients said they felt staff were supportive, helpful, professional and caring and that their privacy and dignity was respected. They told us they felt listened to by the GPs and involved in their own care and treatment.

Almost all of the patients we spoke with or who left comments for us were positive about access to the practice and appointments. Two out of 18 patients who left comments for us said there was occasionally a longer wait than they'd like to get an appointment. All of the patients we spoke with or who left comments for us were positive about access to same day and urgent appointments at the practice.

Park End Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP and a nurse acting as specialist advisers.

Background to Park End Surgery

Park End Surgery provides a range of primary medical services from its premises at Bridgewater House, 7 Printers Avenue, Watford, Hertfordshire, WD18 7QR and Meriden Surgery, Harvest End, Garston, Watford, Hertfordshire, WD25 9UB.

The practice serves a population of approximately 16,500 and is a training and teaching practice. The area served is less deprived compared to England as a whole. The practice population is predominantly white British although is ethnically diverse. The practice serves a slightly above average population of those aged from 0 to 9 years and 25 to 44 years. There is a lower than average population of those aged 60 years and over.

The clinical team includes five male and five female GP partners, three female salaried GPs, one nurse prescriber, two practice nurses and three healthcare assistants. The team is supported by a practice manager and 23 other administration, reception and secretarial staff. The practice provides services under a General Medical Services (GMS) contract (a nationally agreed contract).

Park End Surgery is staffed with the phone lines and doors open from 8am to 6.30pm Monday to Friday. There is extended opening until 7pm every Monday and from

7.30am until 8.30pm every Tuesday. Meriden Surgery is staffed with the phone lines and doors open from 8am to 6.30pm Monday to Friday. There is extended opening until 7pm every Monday and from 7.30am until 7pm every Tuesday. At both surgeries appointments are available from approximately 8am to 12.30pm and 2.30pm to 4.30pm or 4pm to 6pm daily, with slight variations depending on the doctor and the nature of the appointment. An out of hours service for when the practice is closed is provided by Herts Urgent Care.

Why we carried out this inspection

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

How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection on 17 May 2016. On this occasion we only visited the Park End Surgery premises. During our inspection we spoke with a range of staff including four GP partners, one nurse prescriber, one practice nurse, the practice manager and members of the reception and administration team. We spoke with seven patients and a representative of the Patient Participation Group (the PPG

Detailed findings

is a group of patients who work with the practice to discuss and develop the services provided). We observed how staff interacted with patients. We reviewed 18 CQC comment cards left for us by patients to share their views and experiences of the practice with us.

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.

- The staff we spoke with were clear on the reporting process used at the practice and there was a recording form available on the practice's computer system. The incident form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment patients were informed of the incident, received reasonable support, truthful information and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of significant events. These were managed consistently over time.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, following a patient's misdiagnosis the practice reviewed and changed its approach to consultations involving pre-school children presenting with certain symptoms.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements 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 who was trained to the appropriate level. Staff demonstrated they understood their responsibilities and all had received training relevant to their roles. GPs were trained to an appropriate level to manage safeguarding concerns.
- Notices around the practice 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 saw the practice was visibly clean and tidy. Hand wash facilities, including hand sanitiser were available throughout the practice. There were appropriate processes in place for the management of sharps (needles) and clinical waste. The nurse prescriber was the infection control 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 infection control audits were undertaken. We saw evidence that action was taken to address any improvements identified as a result. A programme of infection control training was in place and most staff had completed this. All of the staff we spoke with were knowledgeable about infection control processes relevant to their roles.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Healthcare Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification,

Are services safe?

satisfactory evidence of conduct in previous employment, 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 displayed in the staff area which identified local health and safety representatives. The practice had an up to date fire risk assessment and carried out regular fire drills. We found there was no documented action plan in place to respond to the risks identified in the assessment, although most of the actions were completed. However, the practice had not updated its fire procedures to make provision for the evacuation of anyone with mobility issues or special needs. Despite this, all the staff we spoke with knew what to do in such an eventuality and the necessary specialist equipment was available at the practice. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a Legionella risk assessment in place (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Where risks were identified the practice responded by completing all the necessary actions and maintained records to demonstrate this. Regular water temperature checks were completed.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place across all the different staffing groups to ensure that 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 and emergency buttons on the computers in all the consultation and treatment rooms that alerted staff to any emergency. The consultation and treatment rooms also contained a separate emergency alarm system.
- Most staff had received basic life support training and a programme was in place to ensure the remaining staff completed the training.
- The practice had a defibrillator and emergency oxygen with adult and child masks available on the premises. These were checked and tested.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff to use.

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 people's needs. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.
- By using such things as risk assessments and audits the practice monitored that these guidelines were followed.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 98% of the total number of points available, with 4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice's overall exception reporting was lower than the CCG average of 8% and the national average of 9%. This reflected a consistently lower than average exception reporting across most areas. Data from 2014/2015 showed;

- Performance for diabetes related indicators was similar to the CCG and national averages. The practice achieved 89% of the points available with 5% exception reporting compared to the CCG average of 91% with 11% exception reporting and the national average of 89% with 11% exception reporting.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national averages. The practice achieved 87% of the points available, with 2% exception reporting, compared to the CCG and national average of 84%, with 4% exception reporting.

- Performance for mental health related indicators was better than the CCG and national averages. The practice achieved 100% of the points available with 6% exception reporting compared to the CCG average of 96% with 9% exception reporting and the national average of 93% with 11% exception reporting.

Clinical audits demonstrated quality improvement.

- We looked at ten clinical audits completed since April 2015. Most of these were full cycle (repeated) audits or part of a full cycle programme (scheduled to be repeated) where the data was analysed and clinically discussed and the practice approach was reviewed and modified as a result when necessary.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice completed an audit on the appropriate treatment of patients with a condition causing inflammation of the external ear canal. By analysing the results and modifying its approach to the management of these patients, the practice improved the documentation of their symptoms and those prescribed the appropriate topical treatment.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. 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 vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support

Are services effective?

(for example, treatment is effective)

during clinical sessions, appraisals, mentoring, clinical supervision and facilitation and support for revalidating GPs. A programme was in place to ensure all staff received an appraisal on an annual basis.

- Staff received training that included: safeguarding, fire safety awareness and basic life support. Most of the training was provided in-house on a face-to-face basis and the practice was planning to introduce an e-learning facility in the near future.

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 shared information systems.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings to discuss the needs of complex patients, including those with end of life care needs, took place on a monthly basis. These patients' care plans were routinely reviewed and updated.

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.
- We saw the process for seeking consent was well adhered to and examples of documented patient consent for recent procedures completed at the practice were available.

Supporting patients to live healthier lives

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 smoking cessation and weight management. Patients were signposted to the relevant services when necessary.
- Smoking cessation advice was available at the branch surgery both from a visiting healthcare professional and one of the practice nurses. A dietician was based at the main practice once each month and the practice referred patients to this service for weight management advice.

The practice's uptake for the cervical screening programme was 79%, which was similar to the CCG average of 83% and the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a consequence of abnormal results.

Bowel and breast cancer screening rates were lower than local and national averages. Data published in March 2015 showed that 52% of the practice's patients aged 60 to 69 years had been screened for bowel cancer in the past 30 months compared to the CCG and national average of 58%. Data showed 69% of female patients aged 50 to 70 years had been screened for breast cancer in the past three years compared to the CCG and national average of 72%. However, these were nationally run and managed screening programmes and there was evidence to suggest the practice encouraged its relevant patients to engage with them and attend for screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 99% and five year olds from 92% to 97%.

The practice participated in targeted vaccination programmes. This included the flu vaccine for children,

Are services effective?

(for example, treatment is effective)

people with long-term conditions and those over 65 years. The practice had 2,256 patients aged over 65 years. Of those 1,528 (68%) had received the flu vaccine in the 2015/2016 year.

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

NHS health checks for people aged 40 to 74 years. 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 that members of staff were courteous and 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 area to discuss their needs.

The 18 patient Care Quality Commission comment cards we received were positive about the service experienced and staff behaviours. The patients we spoke with said they felt the practice offered a very good service and staff were professional, caring and helpful and treated them with dignity and respect.

We spoke with a member of the Patient Participation Group. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Patient comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was consistently above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 98% said the GP gave them enough time (CCG average 88%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 96% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 90% 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

The patients we spoke with or who left comments for us told us they felt involved in decision making about the care and treatment they received. They said their questions were answered by clinical staff and any concerns they had were discussed. 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.

Results from the National GP Patient Survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 98% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 93% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 82%).
- 93% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting areas informed patients how to access a number of support groups and organisations. Links to such information were also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 194 patients on the practice list as carers. This was approximately 1.2% of the practice's patient list. Of those, 10 (5%) had received a health review in the past 12 months. We spoke with senior

Are services caring?

staff about the low uptake of health reviews by carers. They told us that a system was introduced in February 2016 to recall carers for their health reviews on a monthly basis with the aim of dramatically increasing the uptake rate.

A dedicated carers' notice board in one of the waiting areas provided information and advice including signposting carers to support services. Considerable information was also available online (through the practice website) to direct carers to the various avenues of support available to them. One of the GPs and a member of non-clinical staff were the practice's carers' leads (or champions) responsible for providing useful and relevant information

to those patients. The practice had hosted a carers' event in October 2015 and all patients identified as carers were invited to attend along with those they cared for. All of those present were able to receive the flu vaccination on the day.

We saw that the practice notified staff of all recent patient deaths. From speaking with staff, we found there was a practice wide process for approaching recently bereaved patients. The GPs phoned bereaved families offering an invitation to approach the practice for support and signposting them to local bereavement services.

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.

- All newly diagnosed patients with type two diabetes were referred for diabetic eye screening and to the DESMOND programme in adherence with National Institute for Health and Care Excellence (NICE) guidelines. (DESMOND is an NHS training course that helps patients to identify their own health risks and set their own goals in the management of their condition).
- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was similar to the CCG average of 85% and the national average of 84%.
- The practice provided an enhanced service in an effort to reduce the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. (Enhanced services are those that require a level of care provision above what a GP practice would normally provide). As part of this, each relevant patient received a care plan based on their specific needs, a named GP and an annual review. At the time of our inspection, 251 patients (2% of the practice's patient population over 18) were receiving such care.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- There were named GPs for each local nursing and residential home and each home was visited once each week to ensure continuity of care for those patients. For the largest nursing home in the area (a home for high dependency patients including those with dementia) there was a named GP for each unit and each unit was visited once a week.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- At both Park End and Meriden surgeries there were accessible toilet facilities for all patients, hearing loops

were provided and translation services including British Sign Language (BSL) were available. Both surgeries had working lifts available to all floors and these were regularly serviced.

- The waiting areas were accessible enough to accommodate patients with wheelchairs and prams and allowed for manageable access to the treatment and consultation rooms.
- There were male and female GPs in the practice and patients could choose to see a male or female doctor.
- There were six week post-natal checks for mothers and their children.
- Counselling services were available for patients with mental health issues and there was a GP lead for those patients. Mental health trust well-being workers were based at Park End Surgery on Wednesday and Friday every week and at Meriden Surgery on Monday, Tuesday and Wednesday every week. Patients could self-refer to these. An NHS counsellor was also available on Tuesday every week, based at Park End Surgery one week and Meriden Surgery the next in rotation. Patients could access this service to obtain psychological and emotional counselling and advice through referral from the GPs.
- The nurse prescriber was trained to review prostate cancer patients once they were discharged from treatment. The practice provided prostate specific antigen (PSA) blood test monitoring so patients did not have to return to hospital for this service. As part of this the nurse prescriber provided lifestyle advice and signposted patients to local exercise courses and continence services.

Access to the service

Park End Surgery was open between 8am and 6.30pm Monday to Friday with extended opening until 7pm every Monday and from 7.30am until 8.30pm every Tuesday. Meriden Surgery was open between 8am and 6.30pm Monday to Friday with extended opening until 7pm every Monday and from 7.30am until 7pm every Tuesday. Appointments at both surgeries were available from approximately 8am to 12.30pm and 2.30pm to 4.30pm or 4pm to 6pm daily, with slight variations depending on the doctor and the nature of the appointment. 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.

Are services responsive to people's needs?

(for example, to feedback?)

Results from the National GP Patient Survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was considerably above local and national averages.

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 99% of patients said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).
- 80% of patients said they always or almost always saw or spoke to the GP they preferred (CCG average 63%, national average 59%).

Almost all of the patients we spoke with or who left comments for us were positive about access to the practice and appointments. Two out of 18 patients who left comments for us said there was occasionally a longer wait than they'd like to get an appointment.

Information was available to patients about appointments on the practice website. Patients were able to make their appointments and repeat prescription requests at the practice or online through the practice website.

Listening and learning from concerns and complaints

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

- A complaints procedure was available and adhered to.
- There were two designated responsible persons who handled all complaints in the practice. These were the practice manager and one of the GP partners.
- We saw that information was available to help patients understand the complaints system. The practice's complaints procedure was detailed on its website and in a practice leaflet available from reception. Complaints notices were displayed around the practice.

We looked at the details of 12 complaints received since April 2015. We saw these were all dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care or patient experience. For example, following several complaints in quick succession about receptionist behaviour the practice provided customer service training for that staff group and increased the number of receptionists available during the peak morning period. This led to a reduction in complaints of that nature.

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 statement of purpose to listen and respond and treat patients equally and with respect with the aim of providing high quality medical care respecting the individual needs of patients. This was displayed on the practice website and staff knew and understood the values.
- A business plan was in place to support the practice in achieving its strategic aims, objectives and values. The weekly practice meeting attended by the GPs and the practice manager and a dedicated business meeting held approximately every six months were used to monitor the implementation of the business plan and strategic direction of the practice throughout the year.

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. All of the staff we spoke with were clear on the governance structure in place.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice through the use and monitoring of the Quality and Outcomes Framework (QOF) data and other performance indicators.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care.

The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear protocol in place for how decisions were agreed and the meeting structure supported this.

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 for knowing about notifiable safety incidents.

When there were unexpected safety incidents:

- The practice gave affected people reasonable support and truthful information.
- 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.

- There was a regular schedule of meetings at the practice for individual staff groups, multi-disciplinary teams and all staff to attend.
- Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss any issues at the meetings and felt confident in doing so and supported if they did.
- Staff said they felt respected, valued and well supported and knew who to go to in the practice with any concerns. 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.
- There were named members of staff in lead roles. We saw there were nominated GP leads for safeguarding, older patients and patients with learning disabilities, mental health issues and dementia. There were also nurse led clinics for patients with respiratory conditions such as asthma and chronic obstructive pulmonary disease. The leads showed a good understanding of their roles and responsibilities and all staff knew who the relevant leads were.

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

Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had gathered feedback from patients through the Patient Participation Group (the PPG is a community of patients who work with the practice to discuss and develop the services provided) and through surveys and complaints received. Although the PPG had not met since March 2015, it was due to meet again in June 2016. The PPG had previously submitted proposals for improvements to the practice management team and there was evidence those proposals were acted on. For example, the practice had continued to expand and update the practice website following input from the PPG.

The practice made use of the NHS Friends and Family Test (FFT). The FFT provides an opportunity for patients to feedback on the services that provide their care and treatment. The results from December 2015 to March 2016 showed that 69 of the 76 respondents were likely or extremely likely to recommend the practice to friends and family if they needed similar care or treatment.

The practice had gathered feedback from staff through meetings and discussions. Staff told us they were able to give feedback and discuss any concerns or issues with colleagues and management. They said they felt involved and engaged in how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was a GP training and teaching practice and maintained high standards for supporting its trainees and students. Four GPs were qualified GP trainers and there was a GP lead for medical students.

The practice team was forward thinking and part of a local scheme to improve outcomes for patients in the area by hosting specialist patient group education evenings. The practice was due to host an education meeting on perinatal mental health and all relevant patients from the participating local surgeries would be invited. This followed the success the practice had in running its own programme of patient education evenings from September 2015 including one on reducing the risk of cancer through diet and another on antibiotic use.

In addition to having a GP with expertise in dermatology, the practice had recently purchased specialist equipment for dermoscopy. (Dermoscopy is an examination of the skin mainly used to evaluate skin lesions including those that are potentially cancerous). The provision of this service reduced the number of patients referred to hospital for the checks.