

# Queens Park 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?

Requires improvement 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

### Detailed findings from this inspection

Our inspection team	11
Background to Queens Park Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	21

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Queens Park Surgery on 10 April 2017. 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 a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were satisfied with the availability and accessibility of appointments, although responses relating to the nurse were below average.
- All staff received annual basic life support training and there were emergency medicines available. However, one member of the clinical team was unsure where the oxygen was stored or what to do in the event that fridge temperatures exceeded minimum and maximum limits.
- The syringes in the anaphylactic kit were not suitable for administering paediatric doses, although there were appropriately sized syringes situated elsewhere in the practice.
- The practice had identified 23 patients as carers, which amounted to 0.4% of the practice list.
- The practice had 10 patients on the learning disability register. The practice had not completed any health checks for patients with learning disabilities in the last year.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.

# Summary of findings

- 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 proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvement are:

- Ensure patients with learning disabilities are invited to an annual health check.

- Acquire appropriate syringes in the anaphylactic kit to administer paediatric (child) doses.

The areas where the provider should make improvement are:

- Improve systems to identify and support carers.
- Update staff so that they know where the oxygen is stored and what to do in the event that fridge temperatures exceed minimum and maximum limits.
- Continue to take steps to improve feedback in the GP survey relating to patient involvement with the nurse.

**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



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. Significant events were discussed at regular practice meetings.
- When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- All staff received annual basic life support training and there were emergency medicines available. However, one member of the clinical team was unsure where the oxygen was stored or what to do in the event that fridge temperatures exceeded minimum and maximum limits.
- The syringes in the anaphylactic kit were not suitable for administering paediatric doses.
- The practice had systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance. Following our inspection, systems were improved to ensure effective dissemination of up to date guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. End of life care was coordinated with other services involved.

## Are services caring?

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

- Data from the national GP patient survey showed patients rated the care received from GPs at the practice in line with others for several aspects of care. Responses relating to the care provided by the nurse was below average.
- The practice did not proactively identify carers. They had not completed any annual health checks for patients with a learning disability.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

**Requires improvement**



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. Consultations could be commenced on the practice website with a GP, or administrative queries raised.
- Appointment reminders could be sent by text message or voicemail to patients providing their mobile or landline number.
- Patients we spoke with said they found it easy to make an appointment with a 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.
- Information about how to complain was available and evidence from two examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

**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.

**Good**



# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice sought feedback from staff and patients, although the Patient Participation Group did not hold regular meetings.
- There was a focus on continuous learning and improvement at all levels. The practice manager ensured that training requirements were met.
- The provider was involved in developing and collaborating with GP services in the locality.

# 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.

- All patients who were aged 75 years and over were offered a flu vaccination and advised of their named GP.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Older people who were identified by the practice at risk of unplanned hospital admission were placed on the admissions avoidance register.

Good



### People with long term conditions

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

- The percentage of patients with asthma who had an asthma review in the preceding 12 months was 76% which was 2% above CCG average and 2% above England average.
- GPs led chronic disease management and patients at risk of hospital admission were identified.
- There were monthly multi-disciplinary meetings with other healthcare professionals to discuss complex patients.
- There were good systems in place to ensure safe prescribing of repeat medicines, including those that were high-risk.

Good



### Families, children and young people

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

- The midwife held a regular clinic at the practice.
- There were appointments available out of school hours.
- The practice carried out antenatal and postnatal checks.
- There were procedures in place to safeguard children from abuse.
- The practice had policies and trained staff on consent and capacity of young patients.

Good



# Summary of findings

- There were not appropriate syringes in the anaphylactic kit to administer paediatric (child) doses in the event of an emergency.

## **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.
- Online consultations were available. A GP would contact the patient within 24 hours to provide advice.
- Appointments were available outside of usual working hours on a Tuesday evening from 6.30pm until 7.30pm. Patients could book appointments with a GP or nurse later in the evenings and on a weekend through reception at the local hub.
- Data for the year 2015/2016 showed that 79% of females aged 25-64 had attended for their cervical screening which was in line with the CCG and England averages of 82%.
- Appointment reminders could be sent by text message or voicemail to patients providing their mobile phone number.
- There was online access to records, appointments and ordering repeat prescriptions.

**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.

- Patients could self-refer to a counsellor who attended the practice every other week.
- The practice had identified 23 patients as carers, which amounted to 0.4% of the practice list.
- The practice had 10 patients on the learning disability register. The practice had not completed any health checks for patients with learning disabilities in the last year.
- The practice was performing in line with averages in relation to responses relating to involvement in decisions with the GPs, although feedback was less positive in relation to the nurse.

**Good**



## **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).

**Good**





# Summary of findings

- Performance for mental health indicators was comparable to CCG and national averages.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a care plan documented in the record in the 12 months was 88%, which was 1% above CCG average and in line with England average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 91% which was 4% above CCG average and 2% above England average.
- There was a counsellor at the practice one day every two weeks. Patients could self-refer to this service.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. Surveys were sent to patients in July to September 2015 and January to March 2016. On the whole, results were positive, with patients responding that they found it easy to get through to the surgery by phone and describing their experience of making an appointment as good. 260 survey forms were distributed and 102 were returned. This represented a completion rate of 39%.

- 93% of patients found it easy to get through to this practice by phone compared to the CCG average of 71% and a national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and the national average of 85%.
- 83% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and national average of 85%.
- 76% of patients said they would recommend this GP practice to someone who has just moved to the area compared to the CCG average of 73% and the national average of 78%.
- 72% of patients said that they don't normally have to wait too long to be seen compared to the CCG average of 57% and national average of 58%.

- 75% of patients said that they usually wait 15 minutes or less after their appointment time to be seen compared to a CCG average of 63% and the national average of 65%.

We asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards. 21 of these contained positive comments, with patients telling us that they could get an appointment on the same day if required and that staff and GPs working at the practice were helpful and treated them with dignity and respect. They said that they received the right care and treatment when they needed it.

We spoke with four patients who told us that they could get an appointment when they needed one. They told us that the GPs and reception staff were helpful and caring and that they were able to get through on the phone.

We reviewed the results of the Friends and Family test for the year of our inspection. There were eight questionnaires completed online and two paper based responses, being a total of 10 completed questionnaires. In these, nine patients said that they would be extremely likely or likely to recommend the practice to their friends and family and one patient indicated that they would be extremely unlikely to recommend the practice. In the narrative section, a patient praised the practice for accommodating their child at the end of surgery when symptoms presented.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure patients with learning disabilities are invited to an annual health check.
- Acquire appropriate syringes in the anaphylactic kit to administer paediatric (child) doses.

### Action the service **SHOULD** take to improve

- Improve systems to identify and support carers.
- Update staff so that they know where the oxygen is stored and what to do in the event that fridge temperatures exceed minimum and maximum limits.
- Continue to take steps to improve feedback in the GP survey relating to patient involvement with the nurse.

# Queens Park Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

A CQC Lead Inspector. The team included a GP specialist adviser.

## Background to Queens Park Surgery

Queens Park Surgery is located in Billericay, Essex and provides GP services to approximately 5,200 patients. New patients are registered from Billericay, Great Burstead, Little Burstead, Ramsden Heath and Ramsden Bellhouse.

Queens Park Surgery is governed by an individual provider, who is a male GP. The provider was previously registered as a partnership, but has recently updated its registration with the CQC as a partner retired. There is one female salaried GP working at the practice, two part-time long-term locums and a nurse.

A number of part time administrative and secretarial staff support the practice manager, who works 30 hours a week at the practice.

The practice is open from 8am until 6.30pm from Monday to Friday. Appointments are from 9am until 12.30pm on a Monday and Thursday, 9.30am until 12.50pm on a Tuesday, 8.30am until 12.10pm on a Wednesday and 9.00am until 12.50pm on a Friday. Afternoon surgery is from 3.10pm until 6.00pm on a Monday and Thursday, 3.40pm until 6.30pm on a Tuesday, 3pm until 6pm on a Wednesday and 1.30pm until 6.00pm on a Friday. On a Tuesday evening, pre-booked patients can be seen from 6.30pm until 7.30pm. Outside of the hours, patients can book

appointments with a GP or nurse through reception at the local hub. The hub is open from 6.30pm until 8pm on weekdays and from 8am until 6pm on a Saturday and Sunday.

The reception telephone line is closed daily from 12.30 until 2pm, at which time patients with urgent queries are directed to use an alternative telephone number at the practice.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 April 2017. During our visit we:

- Spoke with a range of staff including secretarial and reception staff, the practice manager, the GP provider, the salaried GP and the nurse. We also spoke with four patients who used the service.
- Reviewed policies, procedures and other documents.
- Observed how patients were being cared for whilst waiting for their appointments.

# Detailed findings

- Reviewed personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services 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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- There was one significant event raised in the last year. This demonstrated that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- Medicine and Healthcare products Regulatory Agency (MHRA) alerts were received and acted upon appropriately. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. We saw that alerts were communicated to relevant members of staff and searches were undertaken to identify patients who may be affected by the alert.

### 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 which sought to safeguard children and vulnerable adults from abuse. There were policies about safeguarding children and vulnerable adults which were available on a shared drive for all staff to access. These policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to

their role. GPs and nurses were trained to child safeguarding level three. The electronic patient record was updated with alerts when patients were identified as being at risk of abuse.

- Notices in the waiting area and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received either a Disclosure and Barring Service (DBS) check or risk assessment to ascertain whether this was required. (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. There were cleaning schedules and monitoring systems in place.
- The lead GP was the infection prevention and control (IPC) clinical lead. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Most arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal); however, we noted that the syringes in the anaphylactic kit were not small enough to administer paediatric (child) doses, although there were appropriately sized syringes situated elsewhere in the practice. Further, the nurse was unsure of the action to take should temperatures of the vaccine fridge exceed minimum and maximum temperatures. Systems to identify patients who were immunocompromised were not resilient although the practice took immediate steps to rectify this.

There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice had a low rate of antibiotic prescribing and there were effective, well evidenced systems. The practice reviewed patients who were prescribed medicines that required monitoring. The practice carried out regular medicines audits, with the support of the local clinical commissioning group medicine management teams to ensure prescribing was in line with best practice guidelines

## Are services safe?

for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

We reviewed three personnel files of permanent members of staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. However, we found that there was no evidence of a DBS check for a long-term locum. The practice took immediate steps to rectify this issue.

### Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety at the premises. The practice carried out regular fire drills and a fire risk assessment had been completed. All electrical equipment was checked to ensure that this was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as Control of Substances Hazardous to Health and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings) and infection control.

- Arrangements were in place for planning and monitoring the number of staff needed to meet patients' needs. Reception staff were employed on a part-time basis to minimise the impact of absence. The practice was in the process of recruiting a new member of staff to the reception team.

### 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. However, one member of the clinical team was unsure where the oxygen was stored.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines, although the system for cascading updates was not clear. Since our inspection, the provider has signed up to receive relevant updates electronically and implemented a system to share these.

### 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). Most up to date verified data available to us for the year 2015/2016 showed the practice had achieved 95% of the QOF points available. This was 3% above the CCG average and in line with the England average. Data demonstrated improvement since the previous year. The exception rate, whereby practices can exclude patients from the data due to certain characteristics, was 3% below the CCG average and 6% below England average.

This practice was performing in line with CCG and England averages in respect of all indicators. Data from 2015/2016 showed:

- The percentage of patients with asthma who had an asthma review in the preceding 12 months was 76% which was 2% above CCG average and 2% above England average.
- Performance for mental health indicators was comparable to CCG and national averages. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a care plan documented in the record in the 12 months was 88%, which was 1% above CCG average and in line with England average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 91% which was 4% above CCG average and 2% above England average.

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to face review in the preceding 12 months was 84%, which was in line with the CCG and England average.
- Performance for diabetes indicators was in line with CCG and national averages, although there were areas where improvements could be made, for example in relation to blood pressure checks. The percentage of patients with diabetes who had received a blood pressure check within given levels was 83%, which was 6% below the CCG average and 8% below the England average. This was not identified to be a large variation.
- The percentage of patients with diabetes whose cholesterol was within specified limits was 81%, which was comparable to the CCG average of 76% and England average of 80%.

There was evidence of quality improvement including clinical audit. There had been one complete cycle audit in the last two years. Learning was shared with the clinical team and re-audit identified that improvements had been made.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This involved training in their new role, shadowing another member of staff, orientation around the premises, as well as reviewing policies and procedures.
- The learning needs of staff were identified through a system of appraisals and meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.
- Staff received training that included: safeguarding, fire safety awareness and infection control. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.

# Are services effective?

(for example, treatment is effective)

- We found that 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 professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a three monthly basis. These were attended by GPs, the care co-ordinator, palliative care nurses, social worker and the community matron.

## Consent to care and treatment

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

understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The practice had a consent protocol which detailed when express and implied consent could be given, as well as a Mental Capacity Act protocol which included an assessment of capacity checklist.

## Supporting patients to live healthier lives

The practice was proactive in recalling patients for their health checks. Data for the year 2015/2016 showed that 79% of females aged 25-64 had attended for their cervical screening which was in line with the CCG and England averages of 82%. The amount of patients aged 60-74 who had been screened for bowel cancer in the last six months was 64% which was in line with the CCG average of 55% and England average of 56%.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their concerns.
- Patients could be treated by a clinician of the same sex.

21 of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful and caring.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with averages for its satisfaction scores on consultations with GPs, although feedback was less positive in relation to the nurse. For example:

- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 85%.
- 88% of patients said the GP was good at listening to them compared to the CCG average of 86% and the national average of 89%.
- 78% of patients said the nurse was good at listening to them compared to the CCG average of 90% and the national average of 91%.
- 80% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

### Care planning and involvement in decisions about care and treatment

The practice was performing in line with averages in relation to responses relating to involvement in decisions with the GPs, although again, feedback was less positive in relation to the nurse. Details as follows:

- 86% of patients said the last GP they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 84% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 91% and national average of 92%.
- 80% of patients said that the last GP they spoke to was good at involving them in decisions about their care, compared to the CCG average of 76% and national average of 82%.
- 72% of patients said that the last nurse they spoke to was good at involving them in decisions about their care, compared to the CCG average of 85% and national average of 85%.

The practice was aware of the data and had taken steps to address issues.

Patients told us that the receptionists were friendly and polite. The results of the GP survey aligned with this feedback:

- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice provided facilities to help patients be involved in decisions about their care:

- Translation services were available for patients who did not have English as a first language. There were fact sheets on the website which were available in several languages. These explained the role of UK health services to newly-arrived patients.
- There was a portable hearing loop available for use in consultations. Clinicians personally attended the waiting room to call patients to their appointment which ensured that patients were effectively called.

### Patient and carer support to cope emotionally with care and treatment

The practice's website provided information about how to access services in the community and self-care. Further, patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 23 patients as carers, which amounted to 0.4% of the practice list. There was information on the noticeboard about support groups for carers, but the practice did not offer a carer's health check. The practice manager told us that they would look at addressing the identification of carers once new receptionists were in post.

The practice had 10 patients on the learning disability register as of the date of our inspection. The GP and practice nurse had undertaken learning disability awareness training although the practice had not completed any health checks for patients with learning disabilities in the last year.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- Online consultations were available. A GP would contact the patient within 24 hours to provide advice.
- Appointments could be booked on-line, on the telephone or in person.
- A midwife held a weekly clinic at the practice.
- Appointment reminders could be sent by text message to patients providing their mobile phone number or by voicemail if they provided their landline number.
- Telephone consultations were available.
- Repeat medicines and records could be requested and accessed online.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Facilities were accessible to patients who used a wheelchair and a wheelchair was available in reception.
- A portable hearing loop was available for use in consultations.
- There was a car park located nearby.
- Patients could self-refer to a counsellor who attended the practice every other week.

### Access to the service

The practice was open from 8am until 6.30pm from Monday to Friday. The reception telephone line is closed at 12.30pm until 2pm, when patients were advised to call another number at the practice for urgent assistance. Appointments were from 9am until 12.30pm on a Monday and Thursday, 9.30am until 12.50pm on a Tuesday, 8.30am until 12.10pm on a Wednesday and 9.00am until 12.50pm on a Friday. Afternoon surgery was from 3.10pm until 6.00pm on a Monday and Thursday, 3.40pm until 6.30pm

on a Tuesday, 3pm until 6pm on a Wednesday and 1.30pm until 6.00pm on a Friday. On a Tuesday evening, pre-booked patients could be seen from 6.30pm until 7.30pm.

Outside of the hours, patients could book appointments with a GP or nurse through reception at the local hub. The hub was open from 6.30pm until 8pm on weekdays and from 8am until 6pm on a Saturday and Sunday.

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

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was in line with clinical commissioning group (CCG) and national averages:

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% national average of 76%.
- 93% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and national average of 73%.

### 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. This was available in the reception area and online.
- The policy identified who to contact in the first instance, and the avenues of recourse in the event that the complainant was unhappy with the outcome.
- There had been two complaints in the year prior to our inspection. We found that these were investigated by the most appropriate person at the practice, depending on the nature of the complaint. These were discussed at practice meetings, where learning was shared.

# 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

Queens Park Surgery had a vision and strategy to provide high quality patient care. It sought to deliver this through patient involvement, preventative health measures, utilising available tests, prescribing safely and prompt referral. We saw positive examples of this, particularly in relation to monitoring patients taking high risk medicines and the efficient use of the electronic patient record.

### Governance arrangements

The practice was governed by an individual GP who was supported by an informed and committed practice manager. The GPs and practice manager were visible and approachable.

- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Most recent QOF data available evidenced improvement. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. This included regular checks, risk assessments, reviews and protocols.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.
- The electronic patient record was used effectively. We found that patient records were up to date, coded and any risks highlighted. Whilst we identified that GPs were not routinely coding immunocompromised patients, this was promptly rectified, with a relevant patient status alert added to the systems.

### Leadership and culture

On the day of inspection, the lead GP at the practice demonstrated they had the experience, capacity and

capability to run the practice and ensure high quality care. They were aware of performance and driving improvement and sought to ensure that clinical targets were met through routine, opportunistic checks and good clinical care in preference to recalling patients alone.

There was a culture of openness and honesty, and the provider had systems 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).

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view. All staff received an annual appraisal.

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

The practice valued feedback from the Friends and Family test, comments and complaints from patients. It was aware of the feedback from the GP patient survey and evidenced that some steps were being considered with a view to improving performance. We met with a member of the PPG who told us that the practice had struggled to recruit members and as such, the PPG were unable to implement change at the practice.

### Continuous Improvement

The practice team was forward thinking and took part in local pilot schemes to improve outcomes for patients in the area. The lead GP was a CCG board member and attended the locality patient engagement group. They utilised these memberships to inform clinical practice and highlight risk.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance  The provider did not have effective systems in place to mitigate risks by ensuring that patients with learning disabilities had an annual health check or by ensuring that there were syringes in the anaphylactic kit that were suitable for administering paediatric (child) doses.