

Parklands 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?

Requires improvement



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 Parklands 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 a system in place for reporting significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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.

- All patients had a named GP and this enabled continuity of care. Patients said they found it easy to make an appointment, with urgent appointments available the same day. The patients we spoke with on the day of the inspection who told us they were happy with the care and treatment they received.
- 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 practice had strong links with local practices and the clinical commissioning group and was heavily involved in research to make improvements to primary care.
- The provider was aware of and complied with the requirements of the duty of candour.
- Most risks to patients were assessed and well managed. However, some systems and processes to address risks were not implemented well enough to ensure patients and staff were kept safe. This included

Summary of findings

the governance arrangements for safeguarding, prescription security and repeat prescribing, recording practices for significant events and care plans, and some aspects of cleanliness. Areas that we identified as concerns to the practice were acted on immediately.

The areas where the provider must make improvement are:

- Ensure that all significant events are fully recorded centrally at the practice to ensure a comprehensive audit trail is maintained.
- Ensure that clearly defined and embedded systems, processes and practices are in place to keep patients safe and safeguarded from abuse. Ensure that staff who are chaperones receive appropriate training and ensure that a comprehensive understanding of the role is demonstrated. Ensure all staff receive safeguarding training appropriate to their role.
- Ensure that an assessment of cleanliness is regularly completed, and that cleaning undertaken is recorded and monitored, including that curtains and carpets are regularly cleaned. Ensure that actions from infection control audits are completed and recorded.

- Improve policies and procedures to ensure the security and tracking of blank prescriptions at all times. Ensure that patients prescribed with high risk medicines are regularly monitored.
- Ensure that all Patient Specific Directions are recorded and completed correctly, in line with legislation.

In addition the provider should:

- Continue to improve the pathways for the obtaining and dissemination of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Improve recording processes to ensure that the details of all care plans are retained by the practice to ensure care and treatment is monitored.
- Continue to monitor access to appointments, including the telephone system for patients.
- Ensure patients who are carers and who are cared for are pro-actively identified and supported.
- Formally document and communicate to all staff the practice governance, vision, strategy and supporting business plan.

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 requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, although we found that the governance arrangements could be improved.
- Most risks to patients were assessed and well managed. However, some systems and processes to address risks were not implemented well enough to ensure patients and staff were kept safe. This included the governance arrangements for safeguarding, prescription security and repeat prescribing, recording practices for significant events and care plans, and some aspects of cleanliness. Areas that we identified as concerns to the practice were acted on immediately.

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 at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. They were registered with the National Institute for Health Research (NIHR) as a level two research practice, therefore they were heavily involved in local and CCG led research to make improvements to primary care.
- All patients had a named GP; however the practice had a formal buddy system to ensure that each patient had a second GP to ensure continuity of care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- The practice also provided a wide range of 'self-care leaflets' which had been developed in partnership with a self-care forum. These were simple leaflets advising patients how to care for minor illnesses such as coughs and colds.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, they were developing a communications protocol with other practices in the area to share knowledge and good practice.
- 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.
- The practice regularly attended to the residents of a number of nearby care homes to provide services that included medicine reviews and health checks. We received positive feedback from one of the care home managers about the care and treatment received.
- 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.

Summary of findings

Are services well-led?

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



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

Good



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

- 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.

People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 91% compared with a national average of 88%.
- 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 GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered a range of services to people with long term conditions. This included clinics for diabetes, asthma and hypertension.

Families, children and young people

Good



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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. The practice had a policy to notify the child health services if a child repeatedly missed their immunisation appointments.

Summary of findings

- 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 87%, which was slightly above 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.

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice was proactive in offering online services including booking/cancelling appointments and an electronic prescribing service.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good



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

- Data from the Quality and Outcomes Framework (QOF) showed results were better than national averages for this population group. For example the percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 92% which was better than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016 and showed the practice was performing in line with local and national averages for the majority of results. There were 245 survey forms distributed and 136 were returned. This represented less than 1% of the practice's patient list and a response rate of 38%.

- 54% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 69% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 82% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 72% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered good care and staff were friendly, helpful and caring. There were two cards received where patients were not all positive, comments included difficulty with making appointments and observations about the building.

We spoke with three patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring.

We reviewed the latest results from the friends and family test in February 2016, which received five responses. This showed that 80% of respondents would recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that all significant events are fully recorded centrally at the practice to ensure a comprehensive audit trail is maintained.
- Ensure that clearly defined and embedded systems, processes and practices are in place to keep patients safe and safeguarded from abuse. Ensure that staff who are chaperones receive appropriate training and ensure that a comprehensive understanding of the role is demonstrated. Ensure all staff receive safeguarding training appropriate to their role.
- Ensure that an assessment of cleanliness is regularly completed, and that cleaning undertaken is recorded and monitored, including that curtains and carpets are regularly cleaned. Ensure that actions from infection control audits are completed and recorded.
- Improve policies and procedures to ensure the security and tracking of blank prescriptions at all times. Ensure that patients prescribed with high risk medicines are regularly monitored.

- Ensure that all Patient Specific Directions are recorded and completed correctly, in line with legislation.

Action the service **SHOULD** take to improve

- Continue to improve the pathways for the obtaining and dissemination of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Improve recording processes to ensure that the details of all care plans are retained by the practice to ensure care and treatment is monitored.
- Continue to monitor access to appointments, including the telephone system for patients.
- Ensure patients who are carers and who are cared for are pro-actively identified and supported.
- Formally document and communicate to all staff the practice governance, vision, strategy and supporting business plan.

Parklands 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 specialist adviser and a practice manager specialist adviser.

Background to Parklands Surgery

Parklands Surgery is located in a residential area of Chichester and provides primary medical services to approximately 9,800 patients. The practice also provides care and treatment for the residents of nearby care homes, which serves individuals with dementia or nursing needs.

There are four GP partners and three salaried GP (four male, three female). Collectively they equate to almost seven full time GPs. The practice is registered as a GP training practice, supporting medical students and providing training opportunities for doctors seeking to become fully qualified GPs.

There are nine female members of the nursing team; one nurse manager, one nurse prescriber, four practice nurses and three health care assistants. GPs and nurses are supported by the practice manager, a deputy practice manager, and a team of reception/administration staff.

The practice is open from 8am to 6:30pm Monday to Friday. Extended hours appointments are offered Tuesday and Thursday mornings from 7:30am to 8:30am and Saturday mornings 9:30am to 11:30am. Phlebotomy appointments are also offered on Wednesday mornings from 7am to 8am.

Appointments can be booked over the telephone, online or in person at the surgery. Patients are provided information on how to access an out of hours service by calling the surgery or viewing the practice website.

The practice runs a number of services for its patients including; family planning, health checks, smoking cessation, and travel vaccines.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average number of patients who are aged over 65 when compared to the national average. The number of patients under 4 years of age is slightly below the national average. The number of registered patients suffering income deprivation is below the national average.

The practice has a General Medical Services (GMS) contract with NHS England. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of the NHS Coastal West Sussex Clinical Commissioning Group.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 May 2016. During our visit we:

- Spoke with a range of staff including; GPs, nurses, receptionists, the practice manager and receptionists/administrators/secretaries. We also spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members and reviewed the 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.
- Made observations of the internal and external areas of the main premises.
- Reviewed documentation relating to the practice including policies and procedures.

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 a system in place for reporting significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and we saw evidence of meeting minutes where they had been discussed. However we found the central recording of events could be improved to ensure a comprehensive audit trail is maintained. For example, we found a lack of evidence to demonstrate that details of each event had been thoroughly recorded and retained. The practice has since created a significant event log and we saw evidence that this included information such as the actual event, the investigation that took place and actions taken to improve safety in the practice.

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 but we found these could be improved. The arrangements reflected relevant legislation and local requirements. We saw that 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. We found that the practice did not have a lead member of staff for safeguarding; the responsibility was shared amongst the GP partners. We were told that GPs did not attend safeguarding meetings but they provided reports where necessary for

other agencies. We saw evidence that the practice made appropriate referrals and alerts to other agencies to safeguard adults and children. Most staff demonstrated they understood their responsibilities. Not all staff had received training on safeguarding children and vulnerable adults relevant to their role however the practice was aware of these gaps. GPs were trained to child protection or child safeguarding level three. Since our inspection the practice has allocated a lead GP for safeguarding and has made plans to improve their recording systems to better identify those at risk.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role, however we found that not all staff demonstrated an understanding of the role. All the chaperones had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be mostly clean and tidy. Staff told us that there were issues with the cleaners and they said they were monitoring this closely along with changing the contractor. We saw some areas that required further attention, for example some fabric chairs and areas of carpet were stained and required cleaning. At the time of inspection the cleaning schedule did not include this aspect; in addition it did not include cleaning of the curtains around couches within consulting rooms. The practice has since confirmed they have added such areas onto their maintenance database.
- The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The practice told us they completed quarterly infection control audits and we saw evidence of the most recent audit in September 2015. We saw actions had been identified to address improvements recommended, however we did not see evidence of an action plan to ensure their completion.
- Some of the arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and

Are services safe?

disposal). At the time of inspection we found the practice had processes for handling repeat prescriptions, but those which included the review of high risk medicines were not always safe. However since inspection the practice took immediate steps to ensure the monitoring of high risk medicines. This included retrospectively identifying patients that may have lacked appropriate monitoring and plans to contact those patients to initiate monitoring procedures. The practice completed regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice sent us evidence of a recent medicine audit they completed to ensure they are complying with latest guidelines.

- We found that blank prescription forms and pads were not securely stored and the practice did not evidence that there were systems in place to monitor their use. For example we saw that doors were not locked to consulting rooms allowing access to blank prescription paper. The practice has since reviewed their prescription security and has sent us evidence to ensure proper tracking, monitoring and storage of prescriptions. This includes that they will install combination locks on all doors where prescriptions are held.
- Two nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. They also told us they were given protected time to attend study days or local peer groups. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We viewed a sample of these and they had been completed correctly. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. Although these were largely completed in accordance with guidelines, we were told that some patients were administered vaccines and medicines before authorization had been sought by a prescriber.
- We reviewed eight personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was 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 infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Many of the reception/administration team were multi-skilled providing flexible cover when needed.

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.
- We saw evidence that staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

Are services safe?

- 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, which all partners and the practice manager could access remotely.

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 clinical staff told us they took personal responsibility for keeping themselves up to date, but the practice did not have a formal internal process to regularly seek and disseminate information. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Since inspection the practice has made arrangements to be routinely informed of new guidelines, for review and onward dissemination to staff.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 were 99% of the total number of points available, which was above the clinical commissioning group (CCG) average of 98% and national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators were in line with national averages. For example, the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 83% compared with a national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 81% which was comparable to the national average 84%.
- Performance for mental health related indicators was better than the national average. For example, 93% of

patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 88%.

- The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 92% which was better than the national average of 84%.

There was evidence of quality improvement including clinical audit.

- The practice provided evidence of nine clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- They were registered with the National Institute for Health Research (NIHR) as a level two research practice, therefore they were involved in local and CCG led research to make improvements to primary care.
- Findings were used by the practice to improve services. For example, an audit was completed in 2015 to assess the awareness of the clinical guidelines for fever in children under five years old. A simple questionnaire was used in April 2015, which showed in all respondents that the knowledge of the guidelines varied between individuals. An action was taken to produce clinical pathways and vital signs in each consulting room to aid awareness. The audit was run again in June 2015 and showed an improvement of 50%. As a result of the audit a further recommendation was made to create a template on the practice computer system to act as a tool for clinicians.

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 covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.

Are services effective?

(for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- The practice had recently created a training database to monitor whether staff were completing training. Although there were some gaps, the practice was fully aware of these and has provided us with dates for when training will be completed. We saw that staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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, medical records and investigation and test results. We saw examples of detailed notes and personalised care plans such as for dementia patients. However it was not possible to see evidence of all care plans, for example for asthma and diabetic patients, as these were given to the patient and copies not retained by the practice. Since our inspection the practice has taken steps to improve their record keeping in order to ensure care and treatment is monitored.
- The practice shared relevant information with other services in a timely way, for example when referring

patients to other services. We saw that the practice used the year of care planning system for diabetic patients and shared information appropriately with other agencies, such as test results.

- All patients had a named GP; however the practice had a formal buddy system to ensure that each patient had a second GP to ensure continuity of care.

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.

The practice attended multi-disciplinary team meetings regularly and this included a three monthly palliative care meeting. The practice told us they discussed and reviewed end of life cases with complex medical needs; we saw evidence of recent discussions and actions that had taken place to consider each patient individually. We were told that other agencies regularly attended such as hospice staff and adult social care.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

Are services effective?

(for example, treatment is effective)

- Advice on patients' diet and smoking cessation advice was available from the health care assistant or local support groups.

The practice's uptake for the cervical screening programme was 87%, which was slightly above the CCG average of 83% and the national average of 82%. There was a policy to offer telephone 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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 result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 94% and five year olds from 92% to 96%. We were told that if a child did not attend their immunisation appointment three times, despite repeated contact, then the child health bureau was informed.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Throughout our inspection we observed that members of staff were courteous, friendly and attentive with patients both in person and on the telephone. The reception desk area was open but the waiting area was a separate room, which meant conversations at the desk could not be overheard. We saw that staff dealt with patients in a friendly, polite and helpful manner. Staff told us that a room could be made available if patients wanted to speak confidentially away from the reception area. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Within consulting rooms we noted that curtains were provided so that patients' privacy and dignity was maintained during examinations, investigations and treatments.

All of the 25 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, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and felt they receive an excellent service.

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%

- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 75% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format. The practice also provided a wide range of 'self-care

Are services caring?

leaflets' which had been developed in partnership with a self-care forum. These were simple leaflets advising patients how to care for minor illnesses such as coughs and colds.

- In the waiting room we saw that the digital check in system had a number of different languages available.
- The practice had a television screen in the waiting area which gave information about services offered, including clinics.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 143 patients as carers (1.5% of the practice list). The practice told us they tried to proactively identify carers by specifically asking the question on their new patient questionnaire and by providing written information to direct carers to the various avenues of support available to them. The practice had also recently added information to the television screen in the waiting room and set up a register of patients who are carers in order to offer help and signpost them to support organisations.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. They were heavily involved in locality initiatives due to strong links with the CCG, for example we were told about a project to develop shared care plans with other practices and organisations using the type of clinical computer system used at the practice. They were also developing a communications protocol with other practices in the area to share knowledge and good practice.

- The practice offered extended hours appointments on Tuesday, Thursday and Saturday mornings. Phlebotomy appointments were also offered on Wednesday mornings.
- There were longer appointments available if required. This included younger patients, and those with a learning disability, dementia or poor mental health.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There was a self-service blood pressure machine, disabled facilities, baby changing facilities, a hearing loop and translation services available.
- Same day appointments were available for children, and those patients with medical problems that require same day consultation.
- Patients had online services available that included booking/cancelling appointments and ordering repeat prescriptions.
- Appointments were offered to patients with no fixed address.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice offered a variety of services including chronic disease management, family planning and new baby checks.
- The practice also regularly attended to the residents of a number of nearby care homes to provide services that included medicine reviews and health checks. We received feedback from the manager of one of these care homes who stated that the care and treatment

provided by the practice was excellent. They said that although they do not always see the same GP, a good relationship had been built up with the residents and staff.

Access to the service

The practice was open between 8am to 6:30pm Monday to Friday. Extended hours appointments were offered on Tuesday and Thursday mornings from 7:30am to 8:30am and Saturday mornings 9:30am to 11:30am. Phlebotomy appointments were also offered on Wednesday mornings from 7am to 8am. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them.

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

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 54% of patients said they could get through easily to the practice by phone compared to the national average of 73%).

The practice had taken steps to enhance the telephone access for patients by bringing in a new telephone system. This introduced an option system and included a choice to cancel appointments, which in turn would open up more appointments. We spoke to staff who told us this had improved how calls were managed, and the practice management were confident that patient satisfaction results would show improvements. Additionally, three patients we spoke to on the day confirmed it was easier to get through since the new system. Within the feedback from one of the care homes they also commented that the new telephone system made it easier to get through.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available on notice boards and leaflets in the waiting room to help patients understand the complaints system

We looked at eight complaints received in the last 12 months and we saw evidence that they had been fully

investigated, with transparency and openness. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care.

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 did not provide evidence of a business plan or mission statement. However, the partners and practice management had recently held an away day to consider issues affecting the future of the practice. They also were aware of a new housing development in the area and were considering the impact on the practice.
- We found details of the practice aims and objectives values in their statement of purpose. This included that they aim to; involve patients in decision making, support continuity of care, and to create an educational environment for staff that promoted research and shared learning.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. These included a whistleblowing policy, chaperone policy and a confidentiality policy. The practice also had a staff handbook which included information on topics such as health and safety, working standards and grievances.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were 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 told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings. This included a morning coffee break between the GPs, partner meetings, significant event/complaints meetings and away days. Although there were no formal clinical meetings, we were told that individual teams also had their own meetings.
- Staff told us they felt informed about changes and other communication within the practice through the practice newsletter and weekly notes, which were put up on the staff noticeboard.
- 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. We noted away days were held every six months.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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 virtual patient reference group (PRG) which had been running for approximately five years. The PRG was active and assisted with annual patient surveys with the practice and submitted proposals for improvements to the practice management team. For example, the practice worked with PRG to draft the new patient booklet and re-design the practice website. The practice had recognised the group did not fairly represent the patient population and we were told about their plans to improve in this area.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Many of the partners had an interest in research and development, with strong relationships with local surgeries and the clinical commissioning group. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

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 Family planning services Maternity and midwifery services Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>We found that the registered provider had not always ensured that effective systems were in place to assess the risks to the health and safety of service users of receiving care or treatment and had not always done all that was reasonably practicable to mitigate such risks.</p> <p>This included that the provider had not:</p> <ul style="list-style-type: none">• Ensured that significant events were always thoroughly recorded centrally.• Ensured that clearly defined and embedded systems, processes and practices were in place to keep patients safe and safeguarded from abuse. Including that not all staff had received training appropriate to their role.• Ensure adequate infection control at the practice. For example, the provider had not ensured cleanliness was monitored and aspects of cleaning were not evidenced on a cleaning schedule.• Ensured that blank prescriptions were secure and tracked throughout the practice at all times.• Ensured that patients prescribed with high risk medicines were regularly monitored.• Ensured that all Patient Specific Directions were recorded and completed correctly, in line with legislation. <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>