

# Parkhill Medical Practice

## Quality Report

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

## Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Parkhill Medical Practice on 17 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients 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.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- 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 and complied with the requirements of the Duty of Candour.

### Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Complaints, unexpected diagnoses and unexpected deaths were also reviewed as significant events. An annual review of significant events was undertaken.
- In April 2015 the practice signed up to the NHS campaign “Sign Up to Safety” with a pledge to encourage more near miss reporting. This was reflected in a strong reporting culture at the practice. Alongside this lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. The practice participated in local Clinical Commissioning Group (CCG) audits such as reviews of referral rates and practice procedures.
- The practice had developed leaflets to give to patients prior to all types of contraceptive fitting and minor surgery which included advice on risk factors and obtained signed written consent.
- The practice employed a range of skilled specialist staff to deliver effective services. These included a pharmacist adviser, a smoking cessation adviser, a carer support worker and a healthy lifestyles adviser.
- 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 multidisciplinary teams to understand and meet the range and complexity of people's needs.

## Are services caring?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. The practice participated in local Clinical Commissioning Group (CCG) audits such as reviews of referral rates and practice procedures.
- The practice had developed leaflets to give to patients prior to all types of contraceptive fitting and minor surgery which included advice on risk factors and obtained signed written consent.
- The practice employed a range of skilled specialist staff to deliver effective services. These included a pharmacist adviser, a smoking cessation adviser, a carer support worker and a healthy lifestyles adviser.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It 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, working with the CCG to re-open the practice list after a six month period of closure.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had adjusted its extended opening hours in response to patient feedback, including early morning 7am – 8am opening twice a week. The practice scored highly in the GP patient national survey on opening hours and accessibility.

# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice leadership had considered succession planning for staff. For example, one nurse was due to leave in the winter of 2015. The nurse replacement had started work at the practice 12 months before the outgoing nurse was due to leave.
- The practice had set up a patient participation group (PPG) in May 2014. The PPG online forum had over 80 members and the face to face bi-monthly meetings had a committee of 14 members. The PPG told us they were actively listened to by the practice leadership.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- 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

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

Good



- The practice used a wide range of services to support this age group including easy telephone access to consultants and radiology, intermediate care beds, the community matron, falls and balance classes, the social care teams and a carers support worker.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had close links with local pharmacies to help identify patients who might not be managing medication well, such as those patients who repeatedly visited the pharmacist asking for medicines when they should have sufficient supply to last them. The practice provided prescription delivery and blister packs to support patients.
- The practice had level ground floor access to treatment rooms, a hearing aid induction loop, a wheelchair on site and the waiting room had a range of seating appropriate to support people with a range of different needs.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, who have had a flu vaccination in the last 12 months, was 95%, which was higher than the national average of 93%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

# Summary of findings

## Families, children and young people

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

Good



- There were information displays in reception relevant to young people. These included information on sexual health, details of Torbay's condom card scheme and free chlamydia testing packs.
- 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.
- 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 cervical screening rate was 78%. This was comparable with the national average of 81%. Reminders were sent to patients who failed to appear for their appointment.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

## Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice provided smoking cessation support clinics. Of 2,692 patients recorded as smokers in 2014-15 who had expressed a wish for support to stop smoking, so far 58.5% had successfully stopped smoking.
- 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 had systems in place to identify military veterans and ensure their advanced access to secondary care in line with the national Armed Forces Covenant.

## People whose circumstances may make them vulnerable

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

Good



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice held an 'Immediate attention' list in reception for vulnerable patients who needed prompt access to a GP.
- The practice displayed information about support agencies for survivors of domestic violence and staff had been trained in this area.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- The practice included this group in its proactive planning and case reviews for avoiding unplanned hospital admissions enhanced service.
- Most staff knew how to recognise signs of abuse in vulnerable adults and children.
- Most staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good





# Summary of findings

- Staff had a good understanding of how to support people 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 July 2015. During this survey, 257 forms were distributed and 124 were returned. This represented 1.3% of the practice patient population. The results showed the practice was performing in line with local and national averages.

- 82% found it easy to get through to this practice by phone compared to a CCG average of 80% and a national average of 73%.
- 87% found the receptionists at this practice helpful compared to a CCG average of 90% and a national average 87%.
- 91% were able to get an appointment to see or speak to someone the last time they tried (CCG average 90%, national average 85%).
- 97% said the last appointment they got was convenient (CCG average 95%, national average 92%).

- 90% described their experience of making an appointment as good (CCG average 81%, national average 73%).
- 71% usually waited 15 minutes or less after their appointment time to be seen (CCG average 72%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were all positive about the standard of care received. Patients described the caring, professional and positive attitude of the staff and the first class service delivered by the practice as a whole.

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

# Parkhill Medical Practice

## Detailed findings

### Our inspection team

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

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice nurse specialist advisor.

## Background to Parkhill Medical Practice

Parkhill Medical Practice was inspected on Tuesday 17 November 2015. This was a comprehensive inspection.

The main practice is situated in the coastal town of Torquay, Devon. The practice provides a primary medical service to 9,158 patients. A total of 24% of these patients were aged 65 years or older. The practice is a teaching practice for medical students and a training practice. The practice currently had one GP Registrar.

There was a team of six GPs partners, two female and four male. There were also two female salaried GPs. Some GPs worked part time and some full time. Partners hold managerial and financial responsibility for running the business. The team were supported by a practice manager, four practice nurses, three health care assistants, one phlebotomist and additional administration staff.

Patients using the practice also had access to community nurses, mental health teams and health visitors who are based at the branch practice. Other health care professionals visit the practice on a regular basis.

The contracted opening hours of the practice are 8am to 6.30pm Tuesday to Friday. Appointments can be offered

anytime within these hours. Extended hours surgeries are offered at the following times on Mondays 7am until 8am and 7am – 8am every other Thursday. In addition the practice opened every other Monday 6.30pm – 8pm.

Outside of these times patients are directed to contact the Devon Doctors out of hour's service by using the NHS 111 number.

The practice offered a range of appointment types including book on the day, telephone consultations and advance appointments.

The practice had a General Medical Services (GMS) contract with NHS England.

During our inspection we visited the main practice at Parkhill Road, Torquay TQ1 2AR. Regulated activities are provided from this location and also from a branch location at 13-15 Sherwell Valley Road, Torquay TQ2 6EJ. We visited the main practice at Parkhill Road. We did not visit the branch location at Sherwell Valley Road.

## Why we carried out this inspection

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

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

# Detailed findings

## How we carried out this inspection

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 Tuesday 17 November 2015. During our visit we:

- Spoke with a range of staff including GPs, nursing and administrative staff and spoke with six patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed 16 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Significant events were discussed at weekly meetings. Medication near miss incidents had been discussed and recorded appropriately. Various safety improvements had been put in place to minimise the risk of prescription errors. For example, adding a note to the patient's medicine dosage instructions such as "take for 12 weeks from March 2015 and then have a check-up" or "stop in April 2015". These notes helped GPs who may not have initiated the prescription, inform the patient and provide an extra safety net.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports

where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. For example, GPs were trained to child safeguarding level three.

- A notice in the waiting room advised patients that nurses would act as chaperones, if required. Clinical staff only acted as chaperones. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place, last reviewed in September 2015, and staff had received up to date training. Annual infection control audits were undertaken, most recently in June 2015, and we saw evidence that action was taken to address any improvements identified as a result. For example, in line with the latest NICE guidance, any patient who had experienced the infection known as clostridium difficile (c-diff) would be identified on the practice computer system appropriately in order to alert the next GP or health professional. The reason for this is recent research had shown that c-diff remained in the human body for the lifetime of an individual. Another improvement made was the referral of families to community infection control nurses if they had come into contact with highly contagious diseases.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, the practice employed a pharmacist at the practice on a part time basis. This pharmacist was also employed on other days by the CCG and helped to ensure consistently high standards were in place across practices in the CCG. Prescription pads were securely stored and there were systems in

## Are services safe?

place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.

- We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available last reviewed September 2015, with online health and safety information. The practice had a nominated lead GP for health and safety. Health and safety was an agenda item at monthly team meetings. The practice had up to date annual fire risk assessments, most recently in September 2015, and carried out weekly fire drills. All electrical equipment was checked to ensure the equipment was safe to use, most recently in September 2015. Clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

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

### Arrangements to deal with emergencies and major incidents

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

- There was a panic button in each treatment room and an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. There was also a central panic button at reception which was linked to the local Police station.
- All staff received annual basic life support training, most recently in May 2015, and there were emergency medicines available in the treatment room
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The plan had been last reviewed in September 2015.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93.2% of the total number of points available, with 4% exception reporting. Part of the reason for this exception reporting was the higher than average number of older patients at this practice compared to the CCG and national averages. Of the entire practice population, 24% were aged above 65 years. The QOF figures included 138 patients with chronic kidney disease, all of whom were aged over 80 years. The practice GPs had examined each of these 138 patients and concluded that their kidney condition was normal for their advanced age. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed;

- Performance for diabetes related indicators was 95% which was better than the national average of 85%.
- The percentage of patients with hypertension having regular blood pressure tests was 100% which was better than the national average 83%.
- Performance for mental health related indicators was 100% which was better than the national average of 75%.
- The dementia diagnosis rate was 82% which was comparable with the national average of 83%.

Clinical audits demonstrated quality improvement.

- There had been 36 clinical audits completed in the last two years, 18 of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improvements following a minor surgery audit. Following the audit, the practice completed a spreadsheet including details of samples sent off for any minor operations. The details included the date the sample was taken, the date it was sent off for analysis and the date the result received by the practice. This resulted in a timely and accurate system now being in place.
- Other improvements following audits included the introduction of protected time for staff in the analysis of test results. For example staff now had time to speak with GPs about INR (International Normalised Ratio - These are tests are used to monitor the effectiveness of the anticoagulant warfarin. This drug affects the function of blood coagulation.) test results prior to seeing the patient. This enabled the GP to have a full understanding of the implications of test results prior to seeing the patient.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and



# Are services effective?

## (for example, treatment is effective)

facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months. The GPs carried out clinical annual appraisals and the practice manager carried out administration annual appraisals.

- Staff received training that included: conflict resolution, mental capacity, customer care, safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. The practice recorded consent in writing, this included obtaining a patient's signature and scanning this onto their notes.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and lifestyle improvement. Patients were then signposted to the relevant service.
- A lifestyle trainer was available on the premises twice a month who provided guidance on healthy eating, exercise, health, fitness and wellbeing. The practice had access to a gym referral programme. In addition, one of the practice health care assistants was a trained smoking cessation advisor and provided a clinic twice a week.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 81.8% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 98% and five year olds from 94% to 97%. Flu vaccination rates for the over 65s were 75% in November 2015, with any remaining patients scheduled to be completed before the end of December 2015. These were comparable to CCG and national averages.

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



## Are services effective?

(for example, treatment is effective)

NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 16 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 98% said the GP was good at listening to them compared to the CCG average of 93% and national average of 89%.
- 99% said the GP gave them enough time (CCG average 91%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 95% said the last GP they spoke to was good at treating them with care and concern (CCG average 90%, national average 85%).
- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 90%).

- 87% said they found the receptionists at the practice helpful (CCG average 90%, national average 87%)

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

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

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:

- 97% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 92% said the last GP they saw was good at involving them in decisions about their care (CCG average 86%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The practice had a total communication system in place; this included the use of pictures and pictograms for patients with different means of communicating.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice employed a carer support worker, who was available for face to face appointments with patients one day a week.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 4.4% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. Bereavements were discussed

## Are services caring?

by GPs on a weekly basis and relevant was shared with staff in order to support patients according to their needs. Bereavement support telephone calls were either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

The practice had systems in place to identify military veterans and ensure they received appropriate support to cope emotionally with their experience in the service of their country in line with the national Armed Forces Covenant. There was a poster drawing patient's attention to this in the waiting room.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered early morning appointments every Monday and every other Thursday. The practice also offered evening appointments for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- There was a quiet room available for breast feeding mothers. There was also a children's play area in the waiting room which included children's toys.

### Access to the service

The contracted opening hours of the practice are 8am to 6.30pm Tuesday to Friday. Appointments can be offered anytime within these hours. Extended hours surgeries are offered at the following times on Mondays 7am until 8am, and 7am – 8am every other Thursday. In addition the practice opened every other Monday 6.30pm – 8pm.

In addition to pre-bookable appointments that could be booked up to four 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. People told us on the day that they were able to get appointments when they needed them.

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 82% patients said they could get through easily to the surgery by phone (CCG average 80%, national average 73%).
- 90% patients described their experience of making an appointment as good (CCG average 81%, national average 73%).
- 71% patients said they usually waited 15 minutes or less after their appointment time (CCG average 72%, national average 65%).

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This included a poster displayed in the waiting room, together with a summary leaflet.

We looked at the 12 complaints received in the last 12 months and found these had been satisfactorily handled in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. The practice had complied with its duty of candour. For example, a patient had complained that a member of staff had been unhelpful. The practice had successfully resolved the complaint and an apology had been given. Customer care training had been provided to all staff. In addition, plans had been put in place to deliver annual refresher training in customer care to all staff, including GPs.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a clear statement of purpose which was displayed in the waiting areas and staff knew and understood the values.
- It aimed to provide patients with a high standard of patient centred care as set out in the General Medical Council Guidance on Good Medical Practice. It also included respect for patients, for patient choices, the right to obtain a second opinion and encouraged patients to become involved in the active PPG.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. This included plans for planned refurbishments at the main and branch practices, such as new flooring, worktops and furniture.

### Governance arrangements

The practice had an overarching clinical governance framework which supported the delivery of the strategy and good quality care. This had been reviewed in September 2015 and outlined the structures and procedures in place and ensured that:

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

### Leadership, openness and transparency

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

was always a GP partner present at monthly staff meetings. A GP partner also attended the weekly nurse meetings on a monthly basis. The PPG members told us that the practice manager and a GP partner always attended the bi-monthly PPG meeting.

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held monthly team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Team social events were held every year.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a bi-monthly basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG

# Are services well-led?

Good 

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

had provided patient feedback about the information displayed on visual display units at both practices. Patients had requested that the information displayed be more engaging and relevant to their needs. As a result the practice had updated the information. The information displayed now included signposting to services relevant to older people and to younger people.

- The practice had also gathered feedback from staff through annual staff surveys. One survey had been carried out in September 2015. This had surveyed 21 staff and specifically focused on health and safety at the practice. The practice also obtained staff feedback generally 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 that they had provided feedback about the updating of patient information on a regular basis, for example to ensure patient telephone numbers were up to date. The reason for this was that most contact took place with patients

via the telephone. This had been acted upon by the practice by ensuring patient's telephone numbers are checked when they visit the practice. 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. The practice team met up regularly on a monthly basis and these meetings provided a forum for shared learning and discussion on improvements. Improvements included streamlining the appointment system by updating the telephony system. In addition, the practice was looking at ways to speed up their computer systems through the introduction of Emisweb.

The practice had won an award in August 2015, a certificate of excellence as an accredited work experience provider for European students.