Park Medical Centre

Quality Report

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

Summary of findings

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Summary of findings

Overall summary

Park Medical Centre registered the Shavington Avenue Surgery with CQC, as responsible for providing primary care, which includes access to GPs, minor surgery, family planning, ante and post natal care. The practice provides a weekday service for over 8800 patients in the Chester area and is open Monday to Friday from 08:30 to 18:30. Patients can book appointments with Western Cheshire Extended Hours Service, which runs services until 10 pm every week day and 10 -12 am on a Saturday, by contacting staff at the Shavington Avenue Surgery. Western Cheshire Out of Hours offers a service for patients who need urgent care overnight.

The practice is registered with the Care Quality Commission to deliver the regulated activities:

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

The 12 patients we spoke with and one person who completed our comment cards were extremely complimentary about the care and treatment being provided. Patients reported that all the staff treated them with dignity and respect. They found the doctors and nurses delivered a very personalised service and had an excellent understanding of their needs.

The staff could show us how they actively listened to patient comments and taken action on the back of these to improve their service.

Staff were responsive to patients' needs. Patients could phone during the day and a GP would call them back within an hour to discuss their problem. The practice actively monitored patients and made arrangements for patients who had conditions that needed to be regularly reviewed to attend the practice for routine checks.

The building was well-maintained and very clean. Effective systems were in place for the oversight of medication. Clinical decisions followed best practice guidance.

We found that the leadership team was very visible. There were good governance and risk management measures in place.

We found that the practice had met the regulations and provided services that were safe and effective.

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 service was safe. Effective systems were in place to provide constant oversight of safety of the building and patients. Staff took action to learn from any incidents that occurred within the practice. Staff took action to safeguard patients and when appropriate made safeguarding referrals.

Are services effective?
The service was effective. Care and treatment was being delivered in line with current published best practice. Patients' needs were consistently met. Referrals to secondary care were made as soon as the need was identified. Consent to treatment was always obtained appropriately. The team used clinical audit tools, clinical supervision and staff meetings to assess how well they delivered the service.

Are services caring?
The service was caring. The patients who completed our comment cards and those we spoke with during our inspection were extremely complimentary about the service. They all found the staff to be extremely person-centred and felt they were treated with respect. The provider had a well-established patient participation group.

Are services responsive to people's needs?
The service was accessible and responsive to patients' needs. The provider had a clear complaints policy and responded appropriately to complaints about the service. Regular patient surveys were conducted, which covered their satisfaction with the service and the provider took action to make suggested improvements.

Are services well-led?
The service was well led and effectively responded to changes. Governance and risk management structures were in place. The leadership team had a clear vision and purpose. Staff were committed to maintaining and improving standards of care.

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 actively reviewed the care and treatment needs of older people and had ensured each person who was over the age of 75 had a named GP. We heard from patients in this age group that they had always been able to see their named GP and that staff rang them to ask them to attend well person clinics and to reviews of their medication. All of the staff had a very good understanding of patients' social background, conditions and personal attitude towards their health. They used this when taking calls to assist in decisions about whether patients needed to go into hospital immediately, needed a home visit, telephone consultation or to come to the practice.

People with long-term conditions

The practice actively reviewed the care and treatment needs of people with long-term conditions. We heard from these patients that staff rang them up to invite them for routine checks and to remind them of appointments at the clinics. We found staff had a programme in place to make sure no patient missed their regular reviews for their condition, such as diabetic, respiratory and cardiovascular checks. All of the staff had a very good understanding of patients' social background, conditions and personal attitude towards their health. The practice closely monitored the needs of this patient group and promoted approaches the patient could use to improve their quality of life.

Mothers, babies, children and young people

The practice actively reviewed the care and treatment needs of this patient group, including children with long-term conditions. We heard from these patients that they could readily get appointments and patients told us that staff had picked up concerns and dealt with them in a much timelier manner than they had found in other practices they had attended. Staff did not routinely provide midwifery care but quickly referred patients to the community midwives and obtained feedback on how the person's pregnancy was going. All of the staff were very responsive to parents' concerns and ensured parents could readily bring children, when they appeared unwell to the practice to be seen. When triaging calls staff had an in-depth knowledge of symptoms for childhood and adolescent illnesses and used this to direct parents to the most appropriate healthcare resource.

Summary of findings

The working-age population and those recently retired

The practice had a solid information base that covered the needs of their entire patient group. Staff had a programme in place to make sure no patient missed their regular reviews for their condition such as diabetic, respiratory and cardiovascular checks. All of the staff had a very good understanding of patients' social background, conditions and personal attitude towards their health. They used this when taking calls to assist in decisions about whether patients needed to go into hospital immediately, needed a home visit, telephone consultation or to come to the practice.

People in vulnerable circumstances who may have poor access to primary care

The practice was aware of patients who may fall into this group and actively ensured these patients received regular reviews, including annual health checks. We found staff had a programme in place to make sure no patient missed their regular reviews for their condition such as diabetic, respiratory and cardiovascular checks. We found that all of the staff had a very good understanding of what services were run within their catchment area such as the residential unit for people with an addiction, supported living services, care homes and families with carer responsibilities. Staff offered support to patients to assist them access their services. The practice closely monitored the needs of this patient group.

People experiencing poor mental health

The practice recognised when people were experiencing mental health needs and had good links with the local mental health services. Staff worked closely with the mental health teams and the GPs proactively ensured they were up to date with the latest developments for people with mental health needs. Clinicians routinely and appropriately referred patients to counselling and talking therapy services, as well as psychiatric provision. All of the staff had a very good understanding of patients' social background, conditions and personal attitude towards their health. They used this information when taking calls.

Summary of findings

What people who use the service say

We received one completed patient CQC comment card and spoke with 12 people on the day of our inspection. We spoke with people from different age groups, including parents and children, patients with different physical conditions and long-term care needs.

Patients we spoke with found that the practice was very person-centred and told us that they felt this was the best practice in the area. They were extremely satisfied with the availability of appointments and told us that the GP called them on the day they made an appointment to determine if they needed to come in or could the issue could be resolved via the telephone consultation. The patients told us the GPs had been able to organise for prescriptions to be sent to the pharmacist on the day they had telephone consultations. They told us that the nurses were very responsive and they could readily get appointments to see them.

Patients were extremely complimentary about the care and treatment provided by the clinical staff. They told us that the staff were all committed to providing the best care possible and really cared about their wellbeing. They all felt the doctors and nurses were extremely competent and knowledgeable about their treatment needs. They felt that the service was exceptionally good and their views were valued by the staff.

We spoke with a member of the patient participation group who told us this group had been established for over five years and was really valued by the GPs. We saw that the practice regularly completed patient surveys and then published the action plan, which detailed how they had improved the service in response to the comments. We heard that in response to comments made by patients the practice had made numerous changes and this had led to the service being so person-centred and focused on patient care.

Patients reported that they felt that all the staff treated them with dignity and respect.

Good practice

Our inspection team highlighted the following areas of good practice:

To increase participation from people from different ethnic backgrounds and younger patients the practice and PPG had been running promotion days in the surgery and included invites to join the group on the bottom of repeat prescriptions.

We found that the practice targeted services so patients received the reviews for their condition. Not only did they prompt patients to make appointments to attend review clinics for routine appointments. Staff also rang people to ask them to make an appointment and put reminder messages on the repeat prescriptions. This had led to virtually 100% attendance at these clinics.

Recently the local hospital team prescribed a new type of medication to premature babies and on discharge the expectation was that the GP would continue this medication. GPs at the practice found the formulation of the medication was different from what was available to them and had been concerned that this would not be as effective. They explored this with the hospital and established that the particular medicine could only be sourced by hospital pharmacy staff. In light of this discussion the Trust had changed the protocol for prescribing this medication and made it a hospital only prescription.

Park Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector and the team included a GP and second CQC inspector.

Background to Park Medical Centre

Park Medical Centre registered with CQC as a provider of primary medical services. One of the GP's acts as the registered manager, which meant they were legally responsible for making sure the practice met CQC requirements.

Park Medical Centre provides a weekday service for over 8800 patients in the Chester area. The practice is open Monday to Friday from 08:30 to 18:30.

Western Cheshire Extended Hours Service operates services until 10 pm every week day and 10 -12 am on a Saturday. Patients could book appointments with them at Park Medical Centre. If patients needed urgent care overnight this was provided for patients by Western Cheshire Out of Hours.

We visited the practice as a part of this inspection.

Why we carried out this inspection

We inspected this out-of-hours service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

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

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problem.

Before our inspection we carried out an analysis of the data from our Intelligent Monitoring system. This did not highlight any significant areas of risk across the five key question areas. As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us.

We carried out an announced inspection on 5 June 2014 and the inspection team spent eight hours inspecting the surgery.

We reviewed all areas of the practice including the administrative areas. We sought views from patients both face-to-face and via CQC comment cards. We spoke with

Detailed findings

the practice manager, registered manager, a GP, two nurses, three administrative staff, two medicine management staff, the clinical lead for infection control and the receptionists on duty.

We observed how staff handled patient information received from the out-of-hour's team and patients ringing the service. We reviewed how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service. We also talked with carers and family members of patients visiting the practice at the time of our inspection.

Are services safe?

Summary of findings

The service was safe. Effective systems were in place to provide constant oversight of safety of the building and patients. Staff took action to learn from any incidents that occurred within the practice. Staff took action to safeguard patients and when appropriate made safeguarding referrals.

Our findings

Safe Patient Care

The provider had systems in place to monitor the service and ensure it maintained patient safety. Reports from NHS England indicated that the practice had a good track record for maintaining patient safety. Information from the General Practice Outcome Standards showed it was rated as a high achieving practice. The quality and outcomes framework, which is a national performance measurement tool, showed that in 2012-2013 the provider was appropriately identifying and reporting incidents. It also showed that the practice met nearly 100% of the clinical targets.

From our discussions we found that GPs were very aware of the latest best practice guidelines and incorporated this into their day-to-day practices. Strong systems were in place to ensure the staff remained up to date with the latest developments. For example at each clinical meeting GPs discussed changes to guidance, clinical audits reviewed implementation of latest best practice and staff regularly attending clinical conferences. The GPs actively checked with secondary care staff what they needed to be mindful of when consultants prescribed new medication patients.

Staff provided us with evidence to show that they actively reported any incidents that might have the potential to adversely impact patient care. Staff told us that they viewed this process as a positive way to ensure they provided excellent patient care. Concerns regarding the safeguarding of patients were passed on to the relevant authorities as quickly as possible.

Learning from Incidents

We saw evidence to confirm that, as individuals and a team, staff were actively reflecting on their practice and critically looked at what they did to see if any improvements could be made. We saw examples of this type of review by the team which staff had not only used to improve treatment delivery in the practice, but also to change practices within secondary care. For instance the hospital team prescribed a new type of medication to premature babies and on discharge the expectation was that the GP would continue this medication. GPs at the practice found the formulation of the medication was different from what was available to them and had been concerned that this would not be as effective. They

explored this with the hospital and established that the particular medicine could only be sourced by hospital pharmacy staff. In light of this discussion the Trust had changed the protocol for prescribing this medication and made it a hospital only prescription. The team recognised the benefits of identifying any patient safety incidents and near misses.

GPs reviewed their prescribing practices as and when medicines alerts were received. We noted that within their clinical meetings GPs and nurses were sharing latest guidance on changes to medication and prescribing practice. Centrally the medicine management staff monitored the practice to ensure reviews of medication were completed with patients in a timely manner.

GPs and staff we spoke with discussed the clinical meetings and how these provided them with the opportunity to critically evaluate their practices and the service being provided. The minutes we reviewed showed that significant events were discussed at each meeting. The staff we spoke with were very positive about the use of incident analysis and how this assisted them to develop the care provided. For example in 2012 the GPs had reviewed their implementation of guidance regarding giving advice about driving to patients with diabetes and established a baseline of number of patients who received this advice. Following this they had promoted giving this advice and last year their audit showed they had provided the advice to 88 more patients than the previous year.

We found that changes to national guidelines, practitioner's guidance and any medicines alerts were discussed in these meetings. The clinicians were confident that the treatment approaches adopted followed best practice and this was confirmed in our discussions with clinicians.

Safeguarding

Staff were readily able to discuss what constituted a child and adult safeguarding concern. They told us about incidents when they had either raised safeguarding or child protection alerts and showed us associated alert forms to confirm this had occurred. We reviewed the provider's safeguarding policies and procedures and found that these were comprehensive and fully covered actions the staff needed to take. Staff had received appropriate training around dealing with safeguarding adults and child protection issues, and how to report this to the relevant authorities.

Monitoring Safety & Responding to Risk

We found that the GP partners and practice manager had agreed in conjunction with commissioners what would be safe staffing levels and the rotas showed that these were consistently maintained. The practice had developed clear lines of accountability for all aspects of care and treatment. The GPs and nurses had been allocated lead roles such as infection control. We found that the practice manager and senior staff monitored how effectively lead staff fulfilled their role. This included routine checks to see that GPs and nurses who prescribed medicines were using the latest guidance and protocols. Findings were routinely analysed and any emerging risks were immediately fed back to the staff so action could be taken to improve service delivery.

The GPs and the clinicians had proactively reviewed the appointment booking system. As a result we found that last year they had introduced a process whereby the patients spoke with a call handler for initial triage which then lead to either a face-to-face with the nurse running the clinics, a home visit from either the GP at the practice or those operating the extended hours service, or a call back from the GP for a telephone consultation. The telephone consultation would then lead to either instructions for treatment and medication being prescribed via the phone call to the pharmacy or the person being booked a same day appointment with the GP. The practice manager told us this system had led to less patients being physically seen but improvements in accessing treatment at the point of need. All of the patients we spoke with thought the system was exceptionally effective.

The patients also told us they were happy to see any GP and the nurses as they felt all were competent and knowledgeable. Most patients found that they had been able to see their preferred GP at every appointment and two patients told us that this had been the case for well over five years. The rotas we reviewed showed that sufficient GPs and other clinicians were on duty to cover all the appointments including the extended hour's service.

The provider ensured that the clinical staff received regular cardiopulmonary resuscitation (CPR) training and training associated with the treatment of anaphylaxis (severe allergic reactions). Staff that would use the defibrillator were regularly trained to ensure they remained competent in its use, which ensured they could respond appropriately if patients experienced a cardiac arrest.

Are services safe?

Management of medicines

From our review of documents we saw that there were up to date medicines management policies in place. The staff we spoke with were familiar with them. Medicines were kept securely and could only be accessed by the clinical staff and Clinical Commissioning Group (CCG) pharmacist. There were appropriately stocked medicine stores and equipment bags ready for doctors to take on home visits. We saw evidence that the bags were regularly checked to ensure that the contents were intact and in date.

Clear records were kept whenever any medicines were used. Arrangements for the storage and recording of controlled drugs or medicines that require extra checks were followed. All drugs we checked were in date, and staff ensured stock was used in a systematic order. Any changes in guidance about medicines were communicated to clinical staff in person and electronically via the webform for prescriptions. This ensured staff were aware of any changes and patients received the best treatment for their condition.

The medicine management staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and the latest prescribing guidance was being used. The medicine management staff used this information to support practice staff to co-ordinate how they scheduled the regular reviews and health checks such as for diabetes, routine health checks and to review GP prescribing patterns. The IT system flagged up relevant medicines alerts when the GP went to prescribe medicines. We were shown evidence to confirm that following the receipt of an alert the GPs had clearly reviewed the use of the medicine in question and where they continued to prescribe it, outlined why they this was necessary. The evidence we saw confirmed that the GPs had a good oversight and understanding of best treatment for each patient's needs.

There were standard operating procedures (SOP) in place for using certain drugs and equipment. The nurse prescribers used patient group directions (PGD) when deciding what medicines to prescribe. These documents ensured all clinical staff followed the same procedures and nurses who prescribed medicines did so safely. The SOPs and PGDs were reviewed, were in date and clearly marked, which ensured staff knew it was the current version.

Cleanliness & Infection Control

We spoke with the nurse who had the lead role for infection control and found her to be extremely knowledgeable. We found they had a comprehensive system in place for managing and reducing the potential for infection. We found all of the most recent COSHH guidance was available. We saw that a schedule was in place to make sure each area was thoroughly cleaned on a regular basis. The practice was cleaned in line with infection control guidelines.

We also inspected all the treatment and clinical rooms. The provider had replaced fabric curtains with disposable ones, as this provided more effective infection control measures. We saw that all areas of the practice were very clean and processes were in place to manage the risk of infection.

There was an up-to-date Infection Control Policy in place, and a routine audit had been undertaken within the last few months. A needle stick policy was in place, which outlined what to do and who to contact. Spillage kits were available in the locked sluice room, which ensured staff could readily deal with all eventualities. Infection control training was part of induction for all staff (including hand washing). Clinical staff completed this training at induction and then refresher training on an annual basis. Non-clinical staff completed the training during their induction and had access to the information produced by the infection control lead.

Staffing & Recruitment

The provider recruitment policy was in place and up-to-date. Appropriate pre-employment checks were completed for a successful applicant before they could start work in the service. We looked at a sample of recruitment files for doctors, administrative staff and nurses. We saw that the practice independently checked the suitability of locum doctors as well as reviewing the NHS performer's lists. The practice manager also obtained health statements for all employees so they knew the person was physically and mentally able to perform their role. The recruitment procedure ensured appropriate staff were employed.

We saw that as a routine part of the quality assurance and clinical governance processes the provider checked the General Medical Council (GMC) and Nursing Midwifery Council (NMC) registration lists each year to make sure the doctors and nurses were still deemed fit to practice.

Are services safe?

Dealing with Emergencies

There were robust business continuity plans in place to deal with emergencies that might interrupt the smooth running of the service such as power cuts and adverse weather conditions. Initially the practice manager had difficulty locating the fire policy and risk assessment but we saw this prior to the end of the inspection. All other documents the practice manager easily located.

The paper records of these plans were kept in service operation procedure folders which were held by the practice manager so if the power failed the plans could still be accessed. Copies were also stored on the computer. We confirmed that all staff had access to these plans and knew where they were kept.

Equipment

Emergency drugs were stored in a separate locked cabinet and vaccines were stored in a vaccine fridge. Temperature logs for the vaccine fridge were accurate and complete. A log of maintenance of clinical and emergency equipment was in place and there was a record noted on the log when any items identified as faulty were repaired or replaced. Oxygen was available for use in a medical emergency and checked each day to ensure it was in working condition. We saw that the provider had contracts in place for portable appliance tests (PAT) to be completed on all electrical equipment on an annual basis. There was also arrangements in place for the routine servicing and calibration, where needed, of medical equipment. We confirmed that the equipment at the practice was safe to use.

Are services effective?

(for example, treatment is effective)

Summary of findings

The service was effective. Care and treatment was being delivered in line with current published best practice. Patients' needs were consistently met. Referrals to secondary care were made as soon as the need was identified. Consent to treatment was always obtained appropriately. The team used clinical audit tools, clinical supervision and staff meetings to assess how well they delivered the service.

Our findings

Promoting Best Practice

The staff we spoke with told us they wanted to ensure the wellbeing of the patient was always at the forefront of their work. Patients told us that all the staff were very person-centred and went out of their way to ensure each patient received treatment that was specifically tailored to their needs. We saw that the staff had developed an extremely effective way of monitoring the needs of patients and this had led to nearly 100% of patients attending for routine reviews, for example the annual health checks and three yearly smears.

The clinicians we spoke with were familiar with, and using current best practice guidance. The GPs and nursing staff we spoke with could clearly outline the rationale for their treatment approaches. The staff we spoke with and evidence we reviewed confirmed that these actions were aimed at ensuring that each patient was given support to achieve the best health outcome for them. We found that from our discussions with the GPs and nurses that staff completed, in line with NICE guidelines, thorough assessments of patients' needs and these were reviewed when appropriate.

The practice provided a service for all age groups. We heard that the local community provided services for people escaping domestic abuse, drug and alcohol rehabilitation services, residential and nursing homes and for people with mental health needs. We found GP's apart from having the overall competence to assess each patient were very familiar with practice for each of these groups and had particular interest areas. For example one of the GP's had developed additional competencies around working with patients who were diabetic.

We found that the staff providing gynaecology and family planning services received regular updates. They, in line with the expectations of the Royal College of General Practitioners guidelines, were assessed in their delivery of these services as well as other general practice expectations. Health care assistants had completed accredited training around checking patient's physical health such as blood pressure and to take blood samples. We found that the nurses and GPs ensured they continually updated their skills and competencies. We confirmed that the clinical staff were up to date and competent to treat patients.

Are services effective?

(for example, treatment is effective)

Management, monitoring and improving outcomes for people

The team was making use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. We found that the GP partners and practice manager had a variety of mechanisms in place to monitor the performance of the practice. The staff we spoke with discussed how as a group they reflected upon the outcomes being achieved and areas where this could be improved. We found that the GPs maintained records showing how they had evaluated the service and documented the success of any changes.

Staffing

From our review of information about staff training, the induction programme covered a wide range of topics such as dignity and privacy, equality and diversity as well as mandatory training. The management team had clear expectations around refresher training and this was completed in line with national expectations as well as those of the local CCG. The management team ensured that the clinicians had access to a variety of training resources. The practice manager had purchased an e-learning training resource and this meant all staff could readily update both mandatory and non-mandatory training. We saw that the mandatory training for all staff included fire awareness, information governance, managing sharps boxes, handling samples, and equality and diversity. Staff also had access to additional training related to their role. For example reception staff told us they had received conflict resolution and customer care training. We confirmed that staff had the knowledge and skills required to carry out their roles.

The administrative staff told us they were well-supported and regularly had conversations about their performance with their line manager. However, we found these sessions were not formally recorded but all staff we spoke with could outline what had been discussed in these meetings.

The GPs received both internal appraisal and an external professional appraisal. They, as well as the nursing staff also routinely accessed clinical supervision. The appraisals involved a 360 degree process, which asks staff to complete a personal reflection on their skills and behaviour. Internal colleagues were also asked to provide open and honest feedback about the appraisee's interpersonal skills and clinical competence.

Working with other services

The practice staff also worked closely with the local community nursing team. We were shown evidence to confirm that the clinicians appropriately referred patients to community teams, for example pregnant women were seen for all their ante-natal appointments by the community midwives.

We heard that good links had also been established with local hospital consultants and this aided the flow of information to them in respect of assisting patients to come to terms with their diagnosis and treatment. We found that the GPs made contact with secondary care services at the time they identified this need and the GP did this whilst the patient was sitting with them in the consultation room.

They also worked closely with the Western Cheshire Extended Hours Service and Western Cheshire Out of Hours service to make sure doctors working in the out of hours service had full information about patients' needs, including care plans for people receiving palliative care. Whilst we were inspecting we saw that all three teams worked very well together and almost as one service, which meant staff received consistent care. For example the staff routinely contacted the Western Extended Hours Service to organise home visits and schedule appointments for patients.

Health Promotion & Prevention

The discussion we had and evidence we reviewed showed that the staff proactively gathered information on the types of needs their patients had and staff understood the number and prevalence of different health conditions being managed by the practice. The practice manager and staff could clearly outline the numbers of patients with long-term conditions; what these were; and how the clinicians took action to regularly review their needs. We saw that this knowledge of patients' needs led to targeted services being in place such as immunisation schedules being followed and the running of diabetic and respiratory clinics.

We heard and found that the staff at the practice were currently completing work to identify people on their patient list who also provided a carer's role. We saw that health promotion information was on display in the areas

Are services effective?

(for example, treatment is effective)

patients used and leaflets explaining different conditions were also freely available. This meant that preventative work could be completed with all these groups to assist them to find ways to improve their health and wellbeing.

Are services caring?

Summary of findings

Overall the service was caring. The patients who completed our comment cards and those we spoke with during our inspection were extremely complimentary about the service. They all found the staff to be extremely person-centred and felt they were treated with respect. The provider had a well-established patient participation group.

Our findings

Respect, Dignity, Compassion & Empathy

The service had a patient dignity policy in place. Staff were familiar with the steps they needed to take to protect people's dignity. Consultations took place in purposely designed rooms with an appropriate couch for examinations and screens to maintain privacy and dignity. The consultation room doors were routinely locked when patients were being seen, which meant patient dignity was maintained.

There were signs explaining that patients could ask for a chaperone during examinations if they wanted one. Patients we spoke with told us about the process for using chaperones and felt confident that this was effective, as it was always used with them when needed. Patients also told us that they felt the staff and doctors effectively maintained their privacy and dignity.

The provider had a designated room for staff taking calls for appointments and this ensured patient information could not be overheard. We observed that when phoning in, patients would be asked for brief reasons as to why they needed an appointment. We observed that the reception staff treated people with respect and ensured conversations were conducted in a confidential manner. Calls were taken in a sound proof room at the back of the reception desk and this was to allow staff to complete a checklist triage in private. The checklist was used, which gave the staff sufficient information to be able to determine if the GPs needed to call them back, if that should see a nurse; if they needed a home visit or should make their way to hospital. We found the staff dealing with these calls were very knowledgeable about systems and how to assess the health risk so knew when an issue was an emergency.

All the patients we spoke with told us they were satisfied with the approaches adopted by staff and felt clinicians were extremely empathetic and compassionate. They said, "The staff are fantastic," and, "The GPs really take the time with you." And, "I feel this is the best practice in England". We heard how the clinicians were attentive to patients needs and referred them to counselling and bereavement counselling services when this was appropriate.

Involvement in decisions and consent

Staff said they had access to interpreter or translation services for patients who needed it. There was guidance

Are services caring?

about using interpreter services and the contact details available for staff to use. The reception staff told us that they were familiar with which patients needed this type of support and when these patients booked an appointment they made sure an interpreter was available.

We saw that healthcare professionals adhered to the requirements of the Mental Capacity Act 2005 and the Children Act 1989 and 2004. Capacity assessments and Gillick competency of children and young people, which check whether children and young people have the maturity to make decisions about their treatment, were an integral part of clinical staff practices. We found that clinical staff understood how to make 'best interest' decisions for people who lacked capacity and sought approval for treatments such as vaccinations from children's legal guardian.

The patients we spoke with confirmed that their consent was always sought and obtained before any examinations were conducted. We found that where patients had capacity to make their own decisions, appropriate consent was obtained, for example for the minor surgery completed in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The service was accessible and responsive to patients' needs. The provider had a clear complaints policy and responded appropriately to complaints about the service. Regular patient surveys were conducted, which covered their satisfaction with the service and the provider took action to make suggested improvements.

Our findings

Responding to and meeting people's needs

The practice was divided across three floors and there was lift access to all of these floors. We saw that on each floor there was a spacious waiting room. The consultation rooms and all areas of the practice were accessible to patients with mobility difficulties. There were also toilets for disabled patients. Hearing loops were installed at the reception desk and patients were called for the appointment via a patient call system. The person from the patient participation group (PPG) explained that they had looked at other systems such as an electronic display board, which flashed up a patient's name or the clinician coming to call them. They had completed a survey and none of the patients liked the display board option and the other was not particularly practicable, but where possible clinicians tried to come out to the waiting rooms to call the patient for their appointment. We observed that patients were directed to the waiting room on the floor they were to be seen and clinicians did come out to collect patients. Patients could alert staff to their arrival for an appointment via an IPad or by notifying the staff at the desk.

We saw that the medicines management staff carried out a comprehensive analysis of its activity data across all the practice. We found that these staff had all of this information to hand so for example they could quickly tell us how many patients had a respiratory condition or a learning disability and needed support to make treatment decisions. The practice manager used this information to ensure that the correct numbers of staff with the most appropriate skill mix were deployed in the most effective way to meet patient demand. The activity analysis was shared with the in full with the local CCG on a monthly basis and formed a part of the quality framework. It also assisted the clinicians to check that all relevant people had been called in for a review of their health conditions and for completion of medication reviews.

From our discussions and the evidence we reviewed we found that the staff actively promoted well-women and well-men services, which included identifying all patients who would be eligible for this check and pre-booking appointments with them. Two patients told us that they had been contacted to make an appointment for a full health check and had found this check extremely useful. The practice held regular clinics for a variety of complex

Are services responsive to people's needs?

(for example, to feedback?)

and long-term conditions such as respiratory disease, heart conditions and diabetes. The evidence we reviewed showed that patients with a long-term health condition could be confident that the GPs and clinicians were taking steps to reduce any adverse effects of the condition.

Access to the service

We saw that the PPG and practice had frequently completed patient surveys and comments from these showed that patients were extremely pleased with the service. They found that the service was completely tailored around meeting their needs and being as accessible as possible. Thus patients positively commented about the availability of telephone consultations with the GP and how easy it was to get checked by clinicians. We heard that GPs telephone patients within an hour of them calling to determine if the consultation could be undertaken over the phone or if the patient needed a face-to-face appointment. Patients could book appointments either face-to-face or over the telephone. We heard that an online booking system had been considered but patients when asked, had not felt it would improve the service. If the latter was determined as being necessary the patient was seen the same day. The practice manager told us that the GPs were currently looking at the merits of providing an email service for their patients so that they could readily discuss any of their current health concerns.

The provider had operated a patient participation group (PPG) for at least five years and we saw that members of the group regularly attended meetings. We met one of the members of this group and they discussed how the practice valued their contribution to the operation of the service and listened to their insights into the patient experience. We saw examples of the surveys they conducted and how the findings had been used by the practice to improve the services. For example the introduction of telephone consultations eighteen months previously had been in response to patients' feedback about how to improve the appointment system. The PPG member also discussed with us the work the practice was currently doing to widen the age group of PPG members. To increase participation from people from different ethnic backgrounds and younger patients the practice and PPG had been running promotion days in the surgery and included invites to join the group on the bottom of repeat prescriptions.

Concerns & Complaints

We saw that there was a robust complaints procedure in place and on display throughout the practice. The patients we spoke with were all aware of the process to follow should they wish to make a complaint. Patients told us that they had never needed to complain about the service. They felt the staff were constantly looking at how to improve what they did and within this process, had meticulously looked at the service from the point of view of the patient.

From a review of the complaints records we saw that the practice manager had investigated all of the complaints. We saw that these investigations were extremely thorough and impartial. We saw that a process was not in place to analyse each complaint to see if themes were emerging or to look at trends in complaint rates or topics. We confirmed that when needed action was taken to put measures in place to reduce the risk of the same type of complaint occurring again. For example the team had reviewed and altered the appointment system in order to make it easier for patients to get treatment for minor injuries and illness the practice had set up a nurse-led clinic for the treatment of these incidents.

Are services well-led?

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

Summary of findings

The service was well led and effectively responded to changes. Governance and risk management structures were in place. The leadership team had a clear vision and purpose. Staff were committed to maintaining and improving standards of care.

Our findings

Leadership & Culture

All the discussions and evidence we reviewed confirmed that the management team had a clear vision and purpose. The GPs we spoke with demonstrated a deep understanding of their area of responsibility and each one clearly took an active role in ensuring that a high level of service was provided on a daily basis. All the staff we spoke with told us they felt they were valued them and their views about how to develop the service acted upon. We heard that clinicians were allowed to be autonomous. We were shown numerous examples of work staff had completed to critically evaluate the existing service and identify where action could be taken to improve the service. For example one GP had reviewed diabetic care at the service and determined that equipping the nurse practitioners with the skills to commence the insulin initiation programme with newly identified diabetics improved the patients' confidence around managing this condition. Following this review the practice had equipped the nurses with these skills and they now undertook this work with patients. Patients were very positive about this development.

We saw that induction and initial training programmes for clinical staff covered listening effectively, communicating effectively, and shared decision making. This helped to ensure a consistent approach to patient care across the service. However we found that a formal process was not in place to monitor whether staff had received refresher training but the practice manager could demonstrate that this occurred. We found that processes were in place to monitor whether scheduled supervision and appraisal had occurred. From what we saw and heard we confirmed that the practice had taken steps to be assured that the staff were meeting their expectations, remained fit to practice and competent to work.

Governance Arrangements

There was a well-established management structure in place and there had been a clear allocation of responsibilities. The practice manager, GPs and staff we spoke with were very clear on their roles and responsibilities. We found that the team had allocated lead roles for example a nurse lead for infection control. The registered manager understood his legal role and our expectations for example we saw that this had led to the submission of notifications to CQC. We found that the team

Are services well-led?

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

worked collaboratively and used their evaluations of the effectiveness of the service to not only shape the practice but to assist other health care services to recognise where changes were needed. From our discussions and review of the evidence we confirmed that this had led to the practice being consulted by local healthcare services about developments in the delivery of care in the local area so that the practice had a very active voice in shaping services for their patients in the local area.

Governance structures were in place for managing risks and we found these were effective. The GP partners took an active leadership role for overseeing that the systems in place were consistently being used and were effective. For example there were processes in place to frequently review patient and staff satisfaction and that action had been taken, when appropriate, in response to feedback from patients or staff. There was evidence of forward planning within the practice around the need to review and update policies and check the accuracy of current risk management tools.

Systems to monitor and improve quality & improvement

We saw evidence that showed the provider regularly engaged with the local CCG on a regular basis to discuss current performance issues and how to adapt the service to meet the demands of local people. For instance, the provider was working with the CCG to ensure information about the work they completed with patients who had long-term conditions was captured, along with the action they took to support these patients to have the best quality of life for each person.

External evaluation of how the practice compared locally and nationally to other GP practices showed this was a high performing service. We saw in the Quality Outcome Framework data that this practice had achieved 100% compliance in virtually all the targets in 2012-13. We found that the practice since then had strengthened their oversight and put in more proactive measures to ensure patients with various health conditions were routinely reviewed and supported to manage their health condition.

We found that all the staff were extremely focused on providing the best possible service.

Patient Experience & Involvement

The practice actively encouraged patients to be involved in shaping the service. We confirmed that the senior management team and staff constantly used the information from patients to look at how to improve the service being delivered.

We received one completed patient comment card and spoke with 12 people on the day of our visit. We spoke with people from different age groups, including parents and children, patients with different physical health care needs and those who had various levels of contact with the practice. All these patients were very complimentary about the clinical staff and the overall friendliness and behaviour of all staff. They all felt the doctors and nurses were extremely competent and knowledgeable about their treatment needs. They felt that the service was exceptionally good and that their views were valued by the staff.

The practice had a well-established patient participation group and from a review of the minutes of their meetings we found this group were very effective and engaged. Their views were listened to and used to improve the service being offered at the practice. We were shown evidence to confirm that the group regularly made suggestions about how to improve the service and these were implemented and then evaluated to see if they made a difference to the service. For example PPG suggested the introduction of an IPad so patients could book in and find out which waiting room they needed to go to without needing to wait for the receptionist to finish conversations with other patients.

Staff engagement & Involvement

Staff we spoke with and the documents reviewed showed that they regularly attended staff meetings and these provided them with the opportunity to discuss the service being delivered. We saw that the practice used the meetings to share information about any changes or action they were taking to improve the service and actively encouraged staff to discuss these points. From our discussions and review of evidence we confirmed these systems effectively supported the practice to be high performers and led to very patient-focused behaviour.

Learning & Improvement

We saw that the doctors and clinical staff held regular clinical meetings where they discussed changes to practice. The practice also scheduled meetings for the whole staff team, clinical, non-clinical and operations management.

Are services well-led?

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

Staff were encouraged to attend various staff meetings and we saw from the minutes of clinicians meetings that they discussed improvements that could be made to the service. Our discussions confirmed that the whole team were highly focused and very open to exploring how they could improve. We confirmed that this had led to constant cycle of improvement and the practice desire to constantly strive for excellence.

Identification & Management of Risk

We heard how the team looked at future needs of the practice and planned for events such as GPs leaving or retiring, by ensuring they had access to GPs and started recruitment processes early.

Staff told us they felt confident about raising any issues and felt that if incidents did occur these would be investigated and dealt with in a proportionate manner.

Clinicians had systems for monitoring their areas, such as whether they were using the latest guidance and protocols. All of the systems we reviewed showed that the practice was effectively monitored by the practice manager and senior staff.

Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

Summary of findings

The practice actively reviewed the care and treatment needs of older people and had ensured each person who was over the age of 75 had a named GP. We heard from patients in this age group that they had always been able to see their named GP and that staff rang them to ask them to attend well person clinics and to reviews of their medication. All of the staff had a very good understanding of patients' social background, conditions and personal attitude towards their health. They used this when taking calls to assist in decisions about whether patients needed to go into hospital immediately, needed a home visit, telephone consultation or to come to the practice.

Our findings

Safe

The service was safe. Effective systems were in place to provide constant oversight of safety of the building and services for older patients. Staff proactively looked at how they could learn from any incidents and they used the latest guidance to improve the service.

Caring

The service was caring. The team introduced any suggested improvements for patients at a very early stage so they already had named GPs for all patients over the age of 75 years. The older patients we spoke with during our inspection were extremely complimentary about the service. They all found the staff to be extremely person-centred.

Effective

The service was effective. Care and treatment was being delivered in line with current published best practice for older people. These patients' needs were consistently met. Referrals to secondary care were made as soon as the need was identified.

Responsive

The service was accessible and responsive to patients' needs. The provider had a clear complaints policy and responded appropriately to complaints about the service. Regular patient surveys were conducted, which covered their satisfaction with the service and the provider took action to make suggested improvements.

Well led

The service was well led and effectively responded to changes. Governance and risk management structures were in place. The leadership team had a clear vision about how to deliver the best care for older patients.

People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

Summary of findings

The practice actively reviewed the care and treatment needs of people with long-term conditions. We heard from these patients that staff rang them up to invite them for routine checks and to remind them of appointments at the clinics. We found staff had a programme in place to make sure no patient missed their regular reviews for their condition, such as diabetic, respiratory and cardiovascular checks. All of the staff had a very good understanding of patients' social background, conditions and personal attitude towards their health. The practice closely monitored the needs of this patient group and promoted approaches the patient could use to improve their quality of life.

Our findings

Safe

The service was safe. Effective systems were in place to provide constant oversight of safety of the building and services for people with long-term conditions. Staff proactively looked at how they could learn from any incidents and they used the latest guidance to improve the service.

Caring

The service was caring. The team introduced any suggested improvements for patients at a very early stage so completed 100% of the suggested clinical reviews for patients with long-term conditions. The patients with long-term conditions we spoke with during our inspection were extremely complimentary about the service. They all found the staff to be extremely responsive to their needs and a real support in helping them to manage their condition.

Effective

The service was effective. Care and treatment was being delivered in line with current published best practice for people with long-term conditions. These patients' needs were consistently met. Referrals to secondary care were made as soon as the need was identified.

Responsive

The service was accessible and responsive to patients' needs. The provider had a clear complaints policy and responded appropriately to complaints about the service. Regular patient surveys were conducted, which covered their satisfaction with the service and the provider took action to make suggested improvements.

Well led

The service was well led and effectively responded to changes. Governance and risk management structures were in place. The leadership team had a clear vision about how to deliver the best care for older patients.

Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

Summary of findings

The practice actively reviewed the care and treatment needs of this patient group, including children with long-term conditions. We heard from these patients that they could readily get appointments. That staff had picked up concerns and dealt with them in a much timelier manner than they had found in other practices they had attended. Staff did not routinely provide midwifery care but quickly referred patients to the community midwives and obtained feedback on how the person's pregnancy was going. All of the staff were very responsive to parents' concerns and ensured parents could readily bring children who appeared unwell to the practice to be seen. When triaging calls staff had an in-depth knowledge of symptoms for childhood and adolescent illnesses and used this to direct parents to the most appropriate healthcare resource.

Our findings

Safe

The service was safe. Effective systems were in place to provide constant oversight of safety of the building and services for this patient group. Staff proactively looked at how they could learn from any incidents and they used the latest guidance to improve the service. They had used recent learning to improve the care provided in the region for premature babies.

Caring

The service was caring. The team introduced any suggested improvements for patients at a very early stage and were extremely aware of best practice for treating children and young people. The patients we spoke with during our inspection were extremely complimentary about the service. They felt the staff identified and diagnosed conditions at a very early stage.

Effective

The service was effective. Care and treatment was being delivered in line with current published best practice for this patient group. These patients' needs were consistently met. Referrals to secondary care were made as soon as the need was identified.

Responsive

The service was accessible and responsive to patients' needs. The provider had a clear complaints policy and responded appropriately to complaints about the service. Regular patient surveys were conducted, which covered their satisfaction with the service and the provider took action to make suggested improvements.

Well led

The service was well led and effectively responded to changes. Governance and risk management structures were in place.

Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

Summary of findings

The practice had a solid information base that covered the needs of their entire patient group. Staff had a programme in place to make sure no patient missed their regular reviews for their condition such as diabetic, respiratory and cardiovascular checks. All of the staff had a very good understanding of patients' social background, conditions and personal attitude towards their health. They used this when taking calls to assist in decisions about whether patients needed to go into hospital immediately, needed a home visit, telephone consultation or to come to the practice.

Our findings

Safe

The service was safe. Effective systems were in place to provide constant oversight of safety of the building and services for this patient group. Staff proactively looked at how they could learn from any incidents and they used the latest guidance to improve the service.

Caring

The service was caring. The team introduced any suggested improvements for patients at a very early stage and started to complete annual well women and well man clinics over three years ago. The patients we spoke with during our inspection discussed how the staff had actively made sure they had made appointments for their health check.

Effective

The service was effective. Care and treatment was being delivered in line with current published best practice for this patient group. These patients' needs were consistently met. Referrals to secondary care were made as soon as the need was identified.

Responsive

The service was accessible and responsive to patients' needs. The provider had a clear complaints policy and responded appropriately to complaints about the service. Regular patient surveys were conducted, which covered their satisfaction with the service and the provider took action to make suggested improvements.

Well led

The service was well led and effectively responded to changes. Governance and risk management structures were in place. This the same for all population groups.

People in vulnerable circumstances who may have poor access to primary care

There are a number of different groups of people included here. These are people who live in particular circumstances which make them vulnerable and may also make it harder for them to access primary care. This includes gypsies, travellers, homeless people, vulnerable migrants, sex workers, people with learning disabilities (this is not an exhaustive list).

Summary of findings

The practice were aware of patients who may fall into this group and actively ensured these patients received regular reviews, including annual health checks. We found staff had a programme in place to make sure no patient missed their regular reviews for their condition such as diabetic, respiratory and cardiovascular checks. We found that all of the staff had a very good understanding of what services were run within their catchment area such as the residential unit for people with an addiction, supported living services, care homes and families with carer responsibilities. Staff offered support to patients to assist them access their services. The practice closely monitored the needs of this patient group.

Our findings

Safe
The service was safe. Effective systems were in place to provide constant oversight of safety of the building and services for this patient group. Staff proactively looked at how they could learn from any incidents and they used the latest guidance to improve the service.

Caring
The service was caring. The team introduced any suggested improvements for patients at a very early stage and started to complete annual well women and well man clinics over three years ago. Staff had proactively identified people who would fall into this patient group.

Effective
The service was effective. Care and treatment was being delivered in line with current published best practice for this patient group. These patients' needs were consistently met. Referrals to secondary care were made as soon as the need was identified.

Responsive
The service was accessible and responsive to patients' needs. The provider had a clear complaints policy and responded appropriately to complaints about the service. Regular patient surveys were conducted, which covered their satisfaction with the service and the provider took action to make suggested improvements.

Well led
The service were well led and effectively responded to changes. Governance and risk management structures were in place. The leadership team had a clear vision about how to deliver the best care for older patients.

People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

Summary of findings

The practice recognised when people were experiencing mental health needs and had good links with the local mental health services. Staff worked closely with the mental health teams and the GPs proactively ensured they were up to date with the latest developments for people with mental health needs. Clinicians routinely and appropriately referred patients to counselling and talking therapy services, as well as psychiatric provision. All of the staff had a very good understanding of patients' social background, conditions and personal attitude towards their health. They used this information when taking calls.

Our findings

Safe

The service was safe. Effective systems were in place to provide constant oversight of safety of the building and services for this patient group. Staff proactively looked at how they could learn from any incidents and they used the latest guidance to improve the service.

Caring

The service was caring. The team introduced any suggested improvements for patients at a very early stage and started to complete annual well women and well man clinics over three years ago. Staff had proactively identified people who would fall into this patient group.

Effective

The service was effective. Care and treatment was being delivered in line with current published best practice for this patient group. These patients' needs were consistently met. Referrals to secondary care were made as soon as the need was identified.

Responsive

The service was accessible and responsive to patients' needs. The provider had a clear complaints policy and responded appropriately to complaints about the service. Regular patient surveys were conducted, which covered their satisfaction with the service and the provider took action to make suggested improvements.

Well led

The service were well led and effectively responded to changes. Governance and risk management structures were in place. The leadership team had a clear vision about how to deliver the best care for older patients.