Park Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park Surgery on 23 August 2016. Overall the practice is rated as good.Our key findings across all the areas we inspected were as follows:-

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice 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.

The areas where the provider should make improvement are:

- Keep higher than average exception reporting rates for mental health indicators in the quality and outcomes framework under review and ensure action is taken to reduce rates where clinically appropriate.

Summary of findings

- Set up a patient participation group so that patients and carers can share their views and experiences with the practice and influence the development and improvement of the services the practice provides.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. However, the practice did not have a patient participation group.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice operated 'personal lists' which meant that all patients had their own GP and were always seen by them if they wished in order to ensure continuity of care.
- The GPs and nurse practitioner worked with multi-disciplinary teams as part of the clinical commissioning group's 'proactive care' initiative to develop care plans for older patients identified as at risk of unplanned hospital admission to hospital. The care plans were regularly reviewed.
- The practice undertook annual medication reviews with its older patients to ensure all prescribing was appropriate for their needs.
- The practice promoted the use a national telephone support line to its older patients which aimed to reduce social isolation and loneliness in the elderly.
- The practice reviewed all deaths at its monthly clinical meeting to identify learning points from the care they received but also to identify the needs of the spouse or carer.
- The practice had a dedicated carer's lead who signposted patients to support groups and organisations.
- In conjunction with four other local practices domiciliary flu vaccines were provided to patients who were housebound. The practice also offered the shingles vaccine to all eligible patients. Vaccines were offered opportunistically throughout the year to ensure all older patients received them.
- The practice worked closely with a local residential home and one of the GPs visited patients there every week. They had a programme in place to ensure all patients who wanted one had an end of life care plan in place which included their wishes and where appropriate 'best interest decisions' in relation to medical treatment and hospital admission.
- Weekly GP visits were also made to patients in a local convalescent home.

People with long term conditions

Good

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

Summary of findings

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice worked hard to ensure that patients with more than one long term condition had all of their needs reviewed during one visit.
- The practice was actively engaged in a project with all local practices to collaborate in the management of patients with long term conditions in order to rationalise services and share best practice and staff.
- Practice performance against indicators for the management of long term conditions was better than the local and national averages. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 94% compared to the clinical commissioning group (CCG) average of 91% and the national average of 88%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 91% compared to the CCG average of 83% and the national average of 84%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice referred patients to a well-being service provided by the local authority, in particular a pre-diabetes service.
- An expert patient co-ordinator came to the practice every six to eight weeks to promote an expert patient course to patients with long term conditions. This encouraged and enabled patients to manage their own self-care more effectively.

Families, children and young people

Good

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

- The practice offered a flexible appointment system, including after school hours and weekends, which allows several family members to be seen during the same consultation if they wished.
- Appointments were available outside of school hours. There was a priority service for unwell children to ensure they were always seen the same day.

Summary of findings

- The premises were suitable for children and babies with baby changing facilities, breastfeeding space, wide corridors and large consulting rooms, as well as a child friendly play area in waiting room.
- 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 or who failed to attend appointments.
- There was a weekly immunisations clinic, and a dedicated member of staff contacted every family who missed a vaccine to ensure maximum uptake. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's safeguarding lead worked jointly with the health visitors, school nursing teams, and midwives to share information regarding children at risk, and flags were placed on notes of families of concern and children on the risk register.
- The number of women aged between 25 and 64 who attended cervical screening in 2014/2015 was 90% compared to the clinical commissioning group (CCG) average of 83% and the national average of 82%.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice was open from 7am for early morning appointments on Wednesdays, Thursdays and Fridays.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. Health care assistant appointments for NHS Health checks, were held on Saturday mornings every six weeks, depending on patient demand.

People whose circumstances may make them vulnerable

Good

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

- The practice provided services to patients living in vulnerable circumstances including homeless people and those with a learning disability.

Summary of findings

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

People experiencing poor mental health (including people with dementia)

Good

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to the clinical commissioning group (CCG) average of 90% and the national average of 88%.
- The practice carried out advance care planning for patients with dementia.
- 90% of patients diagnosed with dementia had their care plan reviewed in a face to face meeting in the last 12 months which was higher than the CCG average of 82% and the national average of 84%.
- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing in line with or above local and national averages. Two hundred and twenty three survey forms were distributed and 110 were returned. This represented 1.5% of the practice's patient list.

- 85% of patients found it easy to get through to this practice by telephone compared to the clinical commissioning group (CCG) average of 72% and the national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% national average of 76%.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards which were all apart from one, positive about the standard of care received. Patients commented that they felt the standard of care they received was very good. They said they felt listened to and that staff were helpful, kind and caring. One patient commented that they found it difficult to get an appointment and that they had experienced difficulties getting their children under the same GP as them. We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Park Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was undertaken by a CQC inspector and a GP specialist adviser.

Background to Park Surgery

Park Surgery is situated in the town of Littlehampton. It serves approximately 7,800 patients living in Littlehampton and Rustington.

The practice is a partnership consisting of six GPs, an advanced nurse practitioner and a practice manager. Three of the GPs are male and three are female. The partnership employs three practice nurses, two phlebotomists, a paramedic practitioner, two assistant managers, three administrators, eight receptionists and a secretary. The practice is a training practice providing placements for final year students from London teaching hospitals and GP registrars, who are fully qualified doctors gaining experience in general practice. Data available to the Care Quality Commission (CQC) shows the practice serves a slightly higher than its clinical commissioning group (CCG) average percentage population between the ages of 19-64 and less than 18. It has a slightly lower than average proportion of patients over the age of 65 compared to the CCG area. There is a higher level of deprivation amongst the practice population compared to the CCG area.

The practice is open from 8am until 6.30pm Monday to Thursday and 8am until 6pm on Friday. Extended access is available from 7am on Wednesdays, Thursdays and Fridays. Appointments can be booked over the telephone, on line or in person at the surgery. Patients are provided with information on how to access the duty GP or the Out of Hours service on the practice website, the practice leaflet or by calling the practice. The practice provides a number of services and clinics for its patients including smoking cessation, asthma, diabetes, cervical smears, childhood immunisations, family planning, the management of heart disease and minor surgery. The practice provides services from the following location:-

St Floras Road

Littlehampton

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Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 August 2016. During our visit we:

Detailed findings

- Spoke with a range of staff including GPs, the advanced nurse practitioner, practice nurses, the paramedic practitioner, the practice manager, assistant managers and administrative and reception staff.
- Spoke with two patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

Good

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 a recording form available on the practice's computer system.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example we saw evidence that the practice had updated its shut down procedure to ensure reception staff had a checklist of tasks to be undertaken before the practice was closed. This was as a result of the practice telephone lines not being switched over to the out of hours service one Friday evening after the practice had closed

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 were designated GP leads for both safeguarding children and vulnerable adults. 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 on safeguarding children and vulnerable adults relevant to their role. GPs, practice nurses and the paramedic practitioner were trained to child protection or child safeguarding level three.
- A notice in the consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The advanced nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning groups (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The advanced nurse practitioner had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to

Good

Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms as well as panic buttons which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and the clinical commissioning group (CCG) and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available. It was noted that the practice had significantly higher than average exception reporting rates for some of the mental health indicators. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice told us that this was because the practice area contained two of the most deprived wards nationally which resulted in a higher number of non- responders. They felt it was also due to the fact they cared for a high number of patients with dementia in care homes. They told us that these patients were only excepted on clinical grounds that were genuine and part of their holistic care. The practice told us that they would keep exception reporting rates under review at their clinical meetings.This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was better than or similar to the clinical commissioning group (CCG) and national averages. For example, patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 90% which was better than the CCG average of 80% and the national average of 78%; and the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 94% which was similar to the CCG average of 91% and the national average of 88%.
- The practice performance for management of patients with poor mental health was higher than the local and national averages. For example, 100% of patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months compared to the CCG average of 90% and the national average of 88%.
- The practice performance for the management of patients diagnosed with dementia was higher than local and national averages. For example 90% of these patients had received a face-to-face review within the preceding 12 months compared to the CCG average of 82% and the national average of 84%.
- The percentage of patients with hypertension having regular blood pressure tests was higher than the local and national averages achieving 91% in comparison with the CCG average of 83% and the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included increased adherence to National Institute for Health and Care Excellence (NICE) guidelines for the treatment of patients with carpal tunnel syndrome.

Effective staffing

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

- The practice had an induction programme and mandatory training for all newly appointed staff. This covered such topics as safeguarding, equality and diversity, fire safety, health and safety and information governance.

Good

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, those reviewing patients with long-term conditions had regular update training on areas including asthma, diabetes and chronic lung disease.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by attending training updates, accessing on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. There were regular protected in-house training sessions for all staff which were facilitated by the clinical commissioning group.

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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a fortnightly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and. Patients were signposted to the relevant service.
- The practice referred patients to a well-being service provided by the local authority, in particular a pre-diabetes service.
- An expert patient co-ordinator came to the practice every six to eight weeks to promote an expert patient course to patients with long term conditions. This encouraged and enabled patients to manage their own self-care more effectively.

The practice's uptake for the cervical screening programme was 90%, which was higher than the clinical commissioning group (CCG) average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up

Good

Are services effective?

(for example, treatment is effective)

women who were referred as a result of abnormal results. Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 75% to 99% (68% to 94% CCG and 73% to 95% nationally) and five year olds from 56% to 99% (67% to 97% CCG and 83% to 95% nationally).Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff told us they 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 36 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We spoke with three patients who were also members of the patient support 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 similar to the clinical commissioning group (CCG) and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the CCG average of 90% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.
- Staff told us that translation services were available for patients who did not have English as a first language. Interpretation services were also available for patients who required them.
- Information leaflets were available in large print or braille on request.
- There was hearing loop for patients who had hearing difficulties.
- The practice's website had a translation facility for over 100 different languages

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

- Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 69 patients as carers (1% of the practice list). The practice had a dedicated carers' lead who signposted patients to support groups and organisations. There were dedicated displays in the waiting area with information for carers that directed them to the various avenues of support available to them.
- Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was 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 reviewed all deaths at its monthly clinical meeting to identify learning points from the care they received but also to identify the needs of the spouse or carer.
- The practice promoted the use a national telephone support line to its older patients which aimed to reduce social isolation and loneliness in the elderly.
- The practice provided facilities to help patients be involved in decisions about their care:

Good

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. For example, as part of the CCGs 'pro-active' care initiative, it worked actively with other health and social care providers in the locality to identify patients at risk of avoidable, unplanned admission to hospital to ensure that patients in this group had a plan of care in place in order to prevent this.

- The practice offered extended hours from 7am on Wednesdays, Thursdays and Fridays for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation and interpretation services available.

Access to the service

The practice was open from 8am until 6.30pm Monday to Thursday and 8am until 6pm on Friday. Extended access was available from 7am on Wednesdays, Thursdays and Fridays. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available on the day for people that needed them. Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was better than local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 86% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 73%.

Patients told us that they were able to get appointments when they needed them. The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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 in a comments and complaints leaflet available at reception and on the practice website.

We looked at nine complaints received during 2015/2016 and found these were satisfactorily handled, in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a complaint regarding the attitude and treatment by one of the GPs towards a particular patient. The practice met with the patient involved and provided a sincere apology about the distress caused to the patient. They explained that his had not been the intention of the GP and that he was sorry,

Good

Are services responsive to people's needs?

(for example, to feedback?)

however the actual treatment provided had been appropriate. The patient was happy with this outcome. We saw that this was discussed openly and fully at one of the practice's clinical meetings.

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 set of clear values based on providing continuity of care to its patients and promoting good health outcomes. There was evidence that the practice had a clear vision for the future and that plans were in place to respond to the changes in the local health environment and patient needs. The practice also had succession plans in place for future staffing. It was noted that whilst the practice had a clearly understood vision for the future there was no written business plan in place with key objectives so that progress against the plan could be monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. There were 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 was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted the whole practice got together every two to three months for protected in-house training sessions facilitated by the clinical commissioning group. (CCG).
- 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.

- The practice had gathered feedback from patients through surveys and comments and complaints received. The practice did not have a patient participation group but it did have a patient support group which raised funds for the practice. The practice met regularly with the group and whilst its purpose was primarily to raise funds the members views were sought on practice developments and the services provided. The practice undertook regular surveys on patient views and we saw evidence to show that feedback was acted on. For example, a recent survey identified a decrease in satisfaction with chronic disease management services so the practice was in the process of undertaking a more

Are services well-led?

Good

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

detailed survey of this area so that specific areas for improvement could be identified. The practice had also introduced early morning appointments as a result of patient survey feedback.

- The practice had gathered feedback from staff through meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. They also told us that they felt valued by the partners and that there were regular social events which included a summer barbeque hosted by one of the partners and a Christmas party for staff and their partners which was paid for by the practice.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, as part of the local 'pro-active care' initiative it worked actively with other health and social care providers in the locality to identify patients at risk of avoidable, unplanned admission to hospital to ensure they had a plan of care in place in order to prevent this. It had also played a key role in the development of minor injury and minor illness clinics (MIAMI) in the locality which provided clinics on weekdays from 8am until 8pm for urgent appointments for 'one-off' health issues or problems and a walk-in service for children on weekdays from 4pm until 7.30pm for help and advice and treatment.The practice was innovative and forward thinking in relation to staffing and skill mix. For example, the practice had the first nurse practitioner partner in the locality and the practice manager was also a managing partner. They had also employed a paramedic practitioner to ease the workload for GPs and provide a more efficient and effective service to patients.