

The Haling Park Partnership

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 The Haling Park Partnership on 25 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.
- Data from the Quality and Outcomes Framework (QOF) showed that in 2014/2015 patient outcomes were in line with local and national averages; however their exception reporting rate was higher than expected for some indicators.

- 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 area where the provider should make improvement is:

Summary of findings

- Review the exception reporting system for asthma, atrial fibrillation, cancer, chronic obstructive pulmonary disease, depression, and peripheral arterial disease to improve patient engagement and outcomes.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- 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.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed that in 2014/2015 patient outcomes were in line with local and national averages; however their exception reporting rate was higher than expected for some indicators.
- 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in January 2016 showed patients rated the practice in line with 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.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Data from the national GP patient survey published in January 2016 showed patients rated the practice in line with others for most aspects of access to care, and above average for ease of telephone access.
- 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 offered daily telephone appointments, and extended hours appointments were available from 8.30am to 11.00am on Saturdays.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice offered a range of online services such as appointment booking and repeat prescription ordering to facilitate access to the service for patients.
- Information about how to complain was available and was easy to understand. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

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

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data for 2014/2015 showed that outcomes for conditions commonly found in older people were in line with local Clinical Commissioning Group (CCG) and national averages. For example in the previous 12 months of 2014/2015, 83% of patients with hypertension had well-controlled blood pressure, which was in line with local and national averages.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data for 2014/2015 showed that outcomes for patients with diabetes were in line with local and national averages.
- Longer appointments and home visits were available when needed.
- All patients with a long-term condition had a named GP and the majority had received a structured annual review to check their health and medicines needs were being met.
- In the previous 12 months of 2014/2015, 78% of patients with asthma had an asthma review. This was in line with the local and national averages.
- In the previous 12 months of 2014/2015, 91% of patients with chronic obstructive pulmonary disease had a review of their condition. This was in line with the local and national averages.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- 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 Accident & Emergency attendances.
- The practice provided care for patients from a local mother and baby unit.
- Immunisation rates were in line with local averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- In the previous 12 months of 2014/2015, 83% of women aged between 25 to 64 years had a cervical screening test. This was in line with local and national averages.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours opening was available from 8.30am to 11.00am on Saturdays.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



Summary of findings

- 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)

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

- In the previous 12 months of 2014/2015, 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan in their record. This was in line with local and national averages.
- In the previous 12 months of 2014/2015, 81% of patients diagnosed with dementia had a face-to-face review of their care, which in line with local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local Clinical Commissioning Group (CCG) and national averages for most indicators, and above average for ease of telephone access. Three hundred and forty-five survey forms were distributed and 102 were returned. This represented approximately 3% of the practice's patient list.

- 93% of patients found it easy to get through to this practice by phone average (CCG average 73%, national average 73%).
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 74%, national average 76%).
- 95% of patients described the overall experience of this GP practice as good (CCG average 82%, national average 85%).
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 75%, national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. Patients commented that staff were caring, approachable and respectful.

We spoke with eight patients during the inspection. All of these patients said they were generally satisfied with the care they received and thought staff were approachable, committed and caring; however, three patients commented that they had experienced difficulties getting appointments with their preferred GP and that they face waiting times of up to 30 minutes after arriving for their appointment.

Results from the practice's July NHS Friends and Family Test showed that out of 20 respondents, 16 patients were likely or extremely likely to recommend the practice, two were unlikely or extremely unlikely to do so, and two were neither likely nor unlikely to do so.

The Haling Park Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector. The team included a GP specialist adviser, and an Expert by Experience.

Background to The Haling Park Partnership

The Haling Park Partnership is one of three practices that form The Parchmore Group and operates from one site in South Croydon, Surrey. It is one of 61 GP practices in the Croydon Clinical Commissioning Group (CCG) area. There are approximately 3,250 patients registered at the practice, 140 (4%) of whom reside in seven local care homes. There is an annual patient turnover rate of 11%.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning services, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice has a personal medical services contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include childhood vaccination, extended hours access, dementia diagnosis and support, flu and pneumococcal immunisation, learning disabilities, minor surgery, remote care monitoring, risk profiling, rotavirus and shingles immunisation, and unplanned admissions.

The practice has an above average population of male and female patients aged 25 to 39 years and over 85 years. Income deprivation levels affecting children and adults registered at the practice are above the national average.

The clinical team includes a male lead GP, a male salaried GP, two female salaried GPs (one of whom is on maternity leave), and a female and two male locum GPs. The GPs provide a combined total of 16 clinical sessions per week. There are three female locum practice nurses, and a female health care assistant. The clinical team is supported by an interim practice manager, a managing partner, a general manager, and six reception/administrative staff.

The practice is open from 8.00am to 6.30pm Monday to Friday. It is closed on bank holidays and Sundays. Appointments with GPs are available from 8.30am to 12.00pm and from 3.30pm to 5.30pm Monday to Friday. Appointments with nurses are available at various times on Monday, Wednesday morning, Thursday and Friday (the health care assistant is available on Tuesdays). Extended hours are available every Saturday from 8.00am to 11.00am.

The premises operate over two floors of a converted house. On the ground floor there is a consulting room, a treatment room, a waiting area, a reception area and a wheelchair accessible toilet for patients. On the first floor there is a consulting room, a treatment room and three staff areas. There is wheelchair access throughout the ground floor. There is no lift to the first floor and there are no baby changing facilities available. The practice arranges for patients with mobility problems to be seen on the ground floor.

The practice directs patients needing urgent care out of normal hours to contact 111 which directs patients to a local contracted OOH service or Accident and Emergency, depending on the urgency of patients' medical concerns.

Detailed findings

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 25 August 2016.

During our visit we:

- Spoke with a range of staff including GPs, managers, nurses and reception/administrative staff.
- Spoke with eight 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 12 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a communication error by a local hospital that could have resulted in a breach of confidentiality, the practice raised the mistake with the hospital for investigation and discussed it with staff to share learning from the event.

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 was a lead member of staff for safeguarding. The GPs attended safeguarding meetings with health visitors and social workers when possible and always provided reports

where necessary for other agencies; they discussed safeguarding cases with staff at weekly clinical meetings. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 nurses were trained to level 2, and non-clinical staff were trained to level 1.

- Notices in the waiting room and in all consulting/treatment 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 practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. 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 Group 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.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs provide a legal framework

Are services safe?

that allows some registered health professionals to supply and/or administer a specified medicine to a pre-defined group of patients, without them having to see a GP).

- Recruitment checks undertaken prior to employment included proof of identification references, qualifications, registration with the appropriate body and DBS checks. We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment.

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 but there was no health and safety poster in the reception office or in other staff areas.
- 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, infection control, asbestos 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 clinical and non-clinical rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- 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.

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 used this information to deliver care and treatment that met patients' needs. The practice held regular strategic meetings at which a GP presented the latest NICE guideline updates.
- The practice monitored that these guidelines were followed through risk assessments and checks of patient records for all urgent referrals.

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 98.5% of the total number of points available with 9.1% exception reporting, which was in line with the national average of 94.8% with 9.2% exception reporting. (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).

This practice was not an outlier for any QOF (or other national) clinical targets; however, several of the practice's exception reporting rates were higher than local Clinical Commissioning Group (CCG) and national averages:

- The combined overall exception reporting rate for patients with asthma was 12% (CCG average 4%, national average 7%).
- The combined overall exception reporting rate for patients with atrial fibrillation was 19% (CCG average 13%, national average 11%).
- The combined overall exception reporting rate for patients with cancer was 22% (CCG average 13%, national average 15%).

- The combined overall exception reporting rate for patients with chronic obstructive pulmonary disease was 17% (CCG average 12%, national average 12%).
- The combined overall exception reporting rate for patients with depression was 38% (CCG average 20%, national average 25%).
- The combined overall exception reporting rate for patients with peripheral arterial disease was 11% (CCG average 5%, national average 6%).

We raised this with the practice's lead GP who told us they could not identify a reason for this, and told us it may be due to the practice having an above average elderly population that may not have been able to attend appointments due to mobility problems.

Data compared to local Clinical Commissioning Groups (CCG) and national averages showed that in the previous 12 months of 2014/2015:

- Performance for diabetes related indicators was average. For example, 76% of patients with diabetes had well controlled blood sugar (CCG average 72%, national average 78%).
- Performance for mental health related indicators was average. For example, 93% of patients with schizophrenia, bipolar affective disorder, and other psychoses had a comprehensive, agreed care plan in their record (CCG average 85%, national average 88%). Care planning is a process which offers people active involvement in deciding and agreeing how their condition will be managed.
- Performance for dementia related indicators was average. For example, 81% of patients with dementia had a face-to-face review of their care (CCG average 85%, national average 84%).

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the previous two years, one of which was a completed two cycle audit where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the first cycle of an audit on Clopidogrel (a medicine used to treat coronary heart disease) showed

Are services effective?

(for example, treatment is effective)

that the practice was not using the medicine appropriately. The second cycle of the audit showed that the practice was making more appropriate use of the medicine in accordance with guidelines.

- The practice participated in local audits, national benchmarking, accreditation, and internal and external peer review.

Effective staffing

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

- The practice had a comprehensive induction programme for all newly appointed staff. This covered such topics as emergency procedures, practice protocols, health and safety, safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: anaphylaxis, awkward patients, basic life support, chaperoning, customer service, female genital mutilation, fire safety awareness, information governance and safeguarding children and adults. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results (care planning is a process which offers people active involvement in deciding and agreeing how their condition will be managed).
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly 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, alcohol cessation and weight management were signposted to the relevant services.

Are services effective? (for example, treatment is effective)

- The practice's health care assistant provided smoking cessation advice.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the local Clinical Commissioning Group (CCG) average of 82% and the national average of 82%.

- There was a policy to offer written and telephone reminders for patients who did not attend for their cervical screening test.
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results, and they ensured a female sample taker was available.

- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given in 2014/2015 were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to children aged under two years ranged from 87% to 100% (CCG average 85% to 91%), and for five year olds from 77% to 100% (CCG average 69% to 92%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect. We observed reception staff assisting patients with mobility problems and a nurse assisting a parent with a young child.

- 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 knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. This service was clearly advertised in the waiting area to make patients aware.

All of the 12 patient Care Quality Commission comment cards we received were positive about the service experienced. They highlighted that staff responded compassionately when they needed help and provided support when required. Patients commented that they felt the practice offered staff were helpful, caring and treated them with dignity and respect.

We spoke with eight patients. They told us they were satisfied with the care provided by practice staff and said their dignity and privacy was respected.

Results from the national GP patient survey published in January 2016 showed that patients rated the practice in line with local Clinical Commissioning Group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example, out of 102 respondents:

- 90% said the GP was good at listening to them (CCG average 86%, national average 89%).
- 92% said the GP gave them enough time (CCG average 83%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).

- 93% said the last GP they spoke to was good at treating them with care and concern (CCG average 81%, national average 85%).
- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 91%).
- 89% said they found the receptionists at the practice helpful (CCG average 87%, 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 Care Quality Commission patient comment cards we received was also positive and aligned with these views. We saw that care plans were personalised (care planning is a process that offers people active involvement in deciding and agreeing how their condition will be managed).

Results from the national GP patient survey published in January 2016 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 Clinical Commissioning Group (CCG) and national averages. For example, out of 102 respondents:

- 88% said the last GP they saw was good at explaining tests and treatments (CCG average 84%, national average 86%).
- 89% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%).
- 91% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

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

- Staff told us that translation services were available for patients who did not speak or understand English. We saw a notice in the waiting area informing patients this service was available.

Are services caring?

- Information leaflets were available in easy read format.

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 33 patients as carers (approximately 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP called them; these calls were either followed by a patient consultation and/or advice on how to find a support service. The practice ensured that death certificates were prepared and ready for collection.

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, the practice had discussed the local CCG's aims to reduce obesity and pre-diabetes and they had started to measure the Body Mass Index of patients to identify those that required weight management support and diet advice. They had arranged for a diabetes specialist to attend regular group meetings attended by practice patients and clinical staff whereby they could have their blood pressure monitored and get peer support.

- The practice offered a 'Commuter's Clinic' every Saturday morning for working patients who could not attend during normal opening hours.
- There were online facilities available such as appointment booking and repeat prescription ordering.
- There were longer appointments available for patients with a learning disability, and for any other patient who needed one.
- Home visits were available for older patients and patients who had clinical needs that resulted in difficulty attending the practice. The practice also provided visits to 140 patients that resided in seven local care homes; they had responded to a high demand for their service by increasing the number of weekly visits GPs made to the homes.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. Patients were directed to other clinics for vaccines that were only available privately.
- There were disabled facilities, a hearing loop in the waiting area, and translation services available.
- Staff had received customer service and telephone decorum training to improve the experience of the service for patients, and training to enable them to manage challenging situations.

Access to the service

The practice was open from 8.00am to 6.30pm Monday to Friday. It was closed on bank holidays and Sundays. Appointments with GPs were available from 8.30am to 12.00pm and from 3.30pm to 5.30pm Monday to Friday. Appointments with nurses were available at various times on Monday, Wednesday morning, Thursday and Friday (the health care assistant was available on Tuesdays). Extended hours appointments were available every Saturday from 8.00am to 11.00am. Appointments could be pre-booked up to six weeks in advance, and daily urgent appointments were available.

Results from the national GP patient survey published in January 2016 showed that patient satisfaction with ease of telephone access was above the local Clinical Commissioning Group (CCG) and national average. The practice was rated average for other responses about access to care and treatment:

- 86% of patients were satisfied with the practice's opening hours (CCG average 78%, national average 78%).
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 74%, national average 76%).
- 48% of patients were always or almost always able to see or speak to their preferred GP (CCG average 32%, national average 36%).
- 61% of patients felt they did not normally have to wait too long to be seen after arriving for their appointment (CCG average 50%, national average 58%).
- 93% of patients said they could get through easily to the practice by phone (CCG average 73%, national average 73%).

When we asked the practice how they had achieved such high satisfaction levels for phone access, they told us that they had upgraded their telephone system in 2015 to introduce a queue facility and call waiting information. They regularly monitored, and set targets to reduce, the rate of abandoned calls and allowed for calls to be directed to their other locations during particularly busy periods to reduce call waiting times. The practice conducted monthly

Are services responsive to people's needs?

(for example, to feedback?)

telephone audits involving a mystery shopper that made recorded calls to the practice; learning from these audits was shared with staff and all reception staff attended training to ensure a good standard of telephone decorum.

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; GPs telephoned the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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.
- The interim practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that comprehensive information was available on the practice's website, the practice leaflet to help patients understand the complaints system.

We looked at three complaints received in the previous 12 months and found they were handled in a timely manner and with 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, following a complaint regarding the telephone manner of a member of staff, the practice investigated the incident and apologised to the patient. Managers used staff management techniques to prevent a similar occurrence.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had an effective strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and 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 effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the GPs and managers 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 practice's leaders were approachable and always took time to listen to them.

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

- Staff told us the practice held weekly senior leadership team meetings, monthly strategic meetings, weekly clinical meetings, and quarterly governance meetings; these meetings were documented.
- 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. The practice held team away days every three months.
- Staff said they felt respected, valued and supported, particularly by the practice's leaders. They told us they 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.

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

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

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 patient surveys, complaints received, and the NHS Choices website. They had responded to proposals for to improve access to nursing appointments by increasing nursing and health care assistant cover. They responded to requests to improve awareness of how to

Are services well-led?

Good 

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

get care outside of opening hours by updating the practice website and leaflet with this information and by automatically transferring phone calls to the out of hours provider when the practice was closed.

- The practice was in the process of setting up a patient participation group.
- The practice had gathered feedback from staff through informal discussions, meetings and appraisals. They used a survey for new staff to find out how successful they had found their inductions. Staff told us they felt involved and engaged to improve how the practice was run, and that they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous learning and improvement

- The practice had created a charter for receptionist standards that included items such as supporting team members, telephone standards, and informing patients on arrival of clinics that were running late. The charter also included targets created to minimise the rate of abandoned calls and telephone waiting times.
- The practice had upgraded their telephone system and conducted monthly telephone call audits to improve the experience of the service for patients. Learning from these audits was shared with staff in order to encourage continuous improvement.