

# Park Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park Medical Centre on 11 April 2017. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and generally well managed. The practice had a medicine review system in place to support patients who take medicines that require monitoring. However, data demonstrated this system was not always effective. Following the

inspection the practice immediately sent us a comprehensive analysis of the issue identified and a supporting action plan to demonstrate how improvements would be embedded into practice.

- The nursing team had developed a checking schedule for medicines held in a clinical fridge, however this was not always effective as we found an expired medicine that had not been identified and removed.
- 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.
- Feedback from patients about their care was consistently positive. Patients said they were treated with compassion, dignity and respect and that they were involved in their care and decisions about their treatment. Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice in line with others for all aspects of care.

# Summary of findings

- 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 GP and that there was continuity of care. A walk-in minor illness clinic enabled patients to be seen on the day without the need for an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff we spoke with reported that there was a clear leadership structure and that they felt well supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The Patient Participation Group was active and worked collaboratively with the practice to host health education events focused on different patient groups, such as those with diabetes.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice had recognised the growing need for integrated care services in the local area and had employed their own in-house primary care community matron. The community matron worked to ensure that housebound patients and patients unable to attend the surgery could be appropriately assessed and receive support in the community. Data showed that the practice's rate of emergency admissions, referral rates and accident and emergency presentations were lower than the local commissioning group averages. For example, data from the clinical commission group

showed that the rate of emergency admissions following the introduction of the community matron maintained a flat trend below the local average, despite a rise in practice list size. The primary care community matron contacted all patients after their discharge from hospital to address any concerns and assess if the patient needed GP or nurse involvement at that time. Medicine reviews were arranged if necessary to ensure patients had a good understanding of any newly prescribed medicines, and to check for contraindications.

The areas where the provider must make improvement are:

- Ensure the recall system for medicine reviews for patients who are prescribed medicines that require specific monitoring is effective and that actions taken in response to the concerns identified on the day of our inspection are embedded into practice.
- Ensure that systems and processes are in place, embedded and monitored to ensure that medicines available for patients are within their expiry date.

Furthermore, the practice should make the following improvements:

- Introduce effective processes and clinical oversight for monitoring uncollected prescriptions being held in the reception area before they are destroyed.
- Develop a process for tracking blank prescription stationery held on the premises.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services.

**Requires improvement**



- There was an effective system in place for reporting and recording significant events. The practice carried out a thorough analysis of the significant events to identify trends and make changes when necessary. A significant events matrix was maintained to ensure that incidents were reviewed in a timely manner.
- Lessons were shared amongst staff to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Risks to patients were comprehensively assessed and generally well managed. The practice had a medicine review system in place to support patients who take medicines that require monitoring. However, data demonstrated this system was not always effective. Following our inspection the practice immediately sent us a comprehensive analysis of the issues identified and a supporting action plan to demonstrate how improvements would be embedded into practice.
- Furthermore, the arrangements in place for managing uncollected prescriptions held at the surgery prior to their destruction required improvement. We found that uncollected prescriptions were held at the practice for a period of time before being destroyed by support staff without clinical oversight from a GP.
- We found an influenza vaccination that was not within the expiry date and available for patient use. The nursing team had developed a checking schedule however this was not always effective as this medicine had not been identified and removed.
- Blank prescription forms were held securely on arrival in the practice and records were held of the serial numbers of the forms received. However, the forms were not tracked through the practice to ensure that any loss or theft could be identified immediately.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Safeguarding meetings were held on a monthly basis and attended by outside health professionals.

# Summary of findings

- Arrangements were in place to respond to emergencies and major incidents.

## 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 in line with local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance, including National Institute for Health and Care Excellence (NICE) evidence based guidelines.
- Clinical audits demonstrated quality improvement. For example, the practice had undertaken a two cycle audit of patients who were prescribed over 15 repeat medications to see if they had received the correct medication review in the last 12 months. The second cycle of the audit demonstrated an improvement in practice.
- Staff were given regular training opportunities, and 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. Collaborative working was strengthened by the recent appointment of the in-house primary care community matron.

## Are services caring?

Good



The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice in line with others for all aspects of care. For example, 96% of patients said they had confidence and trust in the last GP they saw or spoke to, compared to the local and national averages of 95%.
- Feedback from patients about their care was consistently and highly positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We received 27 comment cards which were all extremely positive about the standard of care received. Patients felt that the practice provided a responsive, efficient and supportive service, praising both individual members of staff and the practice as a whole.
- Information for patients about the services available was easy to understand and accessible in a variety of different formats.

# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Feedback from outside health professionals was consistently positive.
- The practice was proactive in providing support for patients with caring responsibilities. The practice had identified 87 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had recognised the growing need for integrated care services in the local area and had employed their own in-house primary care community matron. The community matron worked to ensure that housebound patients and patients unable to attend the surgery could be appropriately assessed and receive support in the community. Data showed that the practice's rate of emergency admissions, referral rates and accident and emergency presentations were lower than the local commissioning group averages. For example, data from the clinical commission group showed that the rate of emergency admissions following the introduction of the community matron maintained a flat trend below the local average, despite a rise in practice list size.
- Patients said they found it easy to make an appointment with a GP and that there was continuity of care. Urgent appointments were available on the same day. A walk-in minor illness clinic was held from 8.30am to 11.15am daily.
- Data from the National GP Patient Survey published in July 2016 showed that 91% of patients surveyed were able to get an appointment to see or speak to someone last time they tried, compared to the local average of 87% and the national average of 85%.
- 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.

# Summary of findings

## Are services well-led?

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

Good



- 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.
- Staff at the practice were engaged with local healthcare services and worked within the wider health community. For example, the practice maintained a close working relationship with the clinical commissioning group and had taken a lead role in working collaboratively with neighbouring practices. The senior partner at the practice also held a lead role in the development of the local GP federation.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- 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 patients and acted on suggestions. The patient participation group was active and worked closely with practice staff to develop patient services.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- There was a strong focus on continuous learning and improvement at all levels. Staff were supported to complete training and educational courses to develop their areas of practice.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. All home visits were triaged by the community matron to prioritise visits and ensure appropriate and timely intervention.
- The practice contacted all patients after their discharge from hospital to address any concerns and assess if the patient needed GP or nurse involvement at that time. Medicine reviews were arranged if necessary to ensure that patients had a good understanding of any newly prescribed medicines, and to check for contraindications.
- Older adults, including those aged over 90 or those living in a nursing home, were continually reviewed by the in house community matron. Data showed that the practice's rate of emergency admissions, referral rates and accident and emergency presentations were lower than the local commissioning group averages.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people, including rheumatoid arthritis and heart failure, were above local and national averages.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2015/2016 showed that performance for diabetes related indicators was 82%, which was below the local average of 91% and the national average of 90%. Exception reporting for diabetes related indicators was 15%, which was in line with the local average of 14% and the national average of 12% (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review



# Summary of findings

meeting or certain medicines cannot be prescribed because of side effects). Furthermore, performance for asthma related indicators was 100%, which was in line with the local and national averages of 97%. Exception reporting for these indicators was 8%, which was in line with the local average of 8% and the national average of 7%.

- Longer appointments and home visits were available when needed.
- Patients with complex needs had a named GP and a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were generally in line with local and national averages for all standard childhood immunisations. A new system had recently been introduced to remind parents of upcoming immunisation appointments, and this had resulted in a reduction of missed appointments.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 77%, which was in line with the local average of 82% and the national average of 81%. Exception reporting for this QOF indicator was 3%, which was lower than the local average of 9% and national average of 7%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- A walk-in minor illness clinic was held from 8.30am to 11.15am daily.
- The practice offered a full range of contraception services and chlamydia screening.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



# Summary of findings

## 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 where possible.
- 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 appointments were available with the advanced nurse practitioner from 7.10am to 8am daily, and with a GP or practice nurse from 6.30pm to 8pm on Tuesday evenings. In addition to this, patients registered at the surgery were able to access evening and weekend appointments at another local surgery as part of the Prime Minister's Challenge Fund.
- Telephone appointments with a GP were available throughout the day.
- Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years.
- The practice offered many NHS services in house, reducing the need for outpatient referral and therefore improving patient convenience.

## People whose circumstances may make them vulnerable

Outstanding



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

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- Many patients registered at the practice did not speak English as a first language. The practice made regular use of telephone translation services to ensure that screening and immunisation appointments were attended.
- The practice offered longer appointments for patients with a learning disability.
- The practice identified and visited the isolated, frail and housebound regularly. Chronic disease management was provided for vulnerable patients at home and the practice was active in developing care plans and admission avoidance strategies for frail and vulnerable patients.
- The practice had recognised the growing need for integrated care services in the local area and had employed their own

# Summary of findings

in-house primary care community matron. The community matron worked to ensure that housebound patients and patients unable to attend the surgery could be appropriately assessed and receive support in the community. Data showed that the practice's rate of emergency admissions, referral rates and accident and emergency presentations were lower than the local commissioning group averages. For example, data from the clinical commission group showed that the rate of emergency admissions following the introduction of the community matron maintained a flat trend below the local average, despite a rise in practice list size. The primary care community matron contacted all patients after their discharge from hospital to address any concerns and assess if the patient needed GP or nurse involvement at that time. Medicine reviews were arranged if necessary to ensure that patients had a good understanding of any newly prescribed medicines, and to check for contraindications.

- The practice regularly worked with other health care professionals in the case management of vulnerable patients, and held weekly multidisciplinary team meetings. Monthly whole team meetings were also held to ensure that non-clinical staff were aware of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice was engaged with the local carers support group, which provided guidance, support and respite for carers. Written information was available to direct carers to the various avenues of support available to them.
- 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).

- 92% of patients diagnosed with dementia had received a face to face care review in the last 12 months, which was above the local average of 87% and the national average of 84%. Exception reporting for this QOF indicator was 7%, which was in

Good



# Summary of findings

line with the local average of 8% and the national average of 7%. The primary care community matron carried out scheduled and opportunistic dementia screening for housebound patients and patients living in care homes.

- 92% of patients experiencing poor mental health had a comprehensive care plan, which was above the local average of 90% and the national average of 89%. Exception reporting for this QOF indicator was 3%, which was lower than the local average of 15% and the national average of 13%.
- 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.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published in July 2016. The results showed the practice was performing in line with local and national averages in all areas. 277 survey forms were distributed and 125 were returned. This represented a 45% completion rate.

- 72% found it easy to get through to this surgery by phone compared to a local average of 75% and a national average of 73%.
- 93% said that the last appointment they got was convenient (local average 94%, national average 92%).
- 91% were able to get an appointment to see or speak to someone the last time they tried (local average 87%, national average 85%).
- 80% described the overall experience of their GP surgery as fairly good or very good (local average 86%, national average 85%).
- 77% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (local average 80%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all extremely positive about the standard of care received. Patients felt that the practice provided a responsive, efficient and supportive service, praising both individual members of staff and the practice as a whole. One patient commented that the practice was 'dynamic, forward thinking and prepared to go the extra mile'.

We spoke with 10 patients during the inspection. All 10 patients said the care they received was of a high standard, and that staff were kind, friendly, caring and approachable. Patients told us that staff took their time to listen to patients' concerns, and that the premises were always accessible, hygienic and comfortable.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure the recall system for medicine reviews for patients who are prescribed medicines that require specific monitoring is effective and that actions taken in response to the concerns identified on the day of our inspection are embedded into practice.
- Ensure that systems and processes are in place, embedded and monitored to ensure that medicines available for patients are within their expiry date.

### Action the service **SHOULD** take to improve

- Introduce effective processes and clinical oversight for monitoring uncollected prescriptions being held in the reception area before they are destroyed.
- Develop a process for tracking blank prescription stationery held on the premises.

## Outstanding practice

- The practice had recognised the growing need for integrated care services in the local area and had employed their own in-house primary care community matron. The community matron worked to ensure that housebound patients and patients unable to attend the surgery could be appropriately assessed and receive support in the community. Data showed that

the practice's rate of emergency admissions, referral rates and accident and emergency presentations were lower than the local commissioning group averages. For example, data from the clinical commission group showed that the rate of emergency admissions following the introduction of the community matron maintained a flat trend below the local average,

## Summary of findings

despite a rise in practice list size. The primary care community matron contacted all patients after their discharge from hospital to address any concerns and assess if the patient needed GP or nurse involvement

at that time. Medicine reviews were arranged if necessary to ensure patients had a good understanding of any newly prescribed medicines, and to check for contraindications.

# Park Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team included a CQC lead inspector, a GP specialist adviser and a practice manager specialist adviser. The inspection process was observed by a practice nurse specialist adviser from the CQC Defence Medical Services directorate.

## Background to Park Medical Centre

Park Medical Centre is situated in central Peterborough, Cambridgeshire. The practice provides services for approximately 9,200 patients. It holds a General Medical Services contract with Cambridgeshire and Peterborough Clinical Commissioning Group.

We reviewed the most recent data available to us from Public Health England which showed that the practice population is similar to the national average. The practice is in an urban area with a high level of deprivation, and has a high percentage of patients from a variety of ethnic minority groups. Income deprivation affecting children is 25%, which is higher than the local average of 16%. 61% of patients have a long standing health condition, which is higher than the local practice average of 51%.

The practice clinical team consists of two male GPs, two female GPs, an advanced nurse practitioner, a primary care community matron, three practice nurses and a healthcare assistant. Furthermore, three long term locum GPs work at the practice. The clinical team are supported by a practice manager and reception, administration and secretarial staff.

Park Medical Centre is open from Monday to Friday. It offers appointments from 8.30am to 11.40am and 3pm to 5.30pm daily. Extended hours appointments are available with the advanced nurse practitioner from 7.10am to 8am daily, and with a GP or practice nurse from 6.30pm to 8pm on Tuesday evenings. In addition to this, patients registered at the surgery are able to access evening and weekend appointments at another local surgery as part of the Prime Minister's Challenge Fund. Out of hours care is provided via the NHS 111 service by Herts Urgent Care.

## 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 11 April 2017. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

# Detailed findings

- 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.



# 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, 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 to identify trends and make changes when necessary. A significant events matrix was maintained to ensure that incidents were reviewed in a timely manner.

We reviewed safety records, incident reports, patient safety alerts, including those from the Medicines and Healthcare Products Regulatory Authority (MHRA) and Central Alerting System (CAS) and minutes of meetings where these were discussed. There was a lead member of staff responsible for cascading and actioning patient safety alerts, such as those from the MHRA. Regular audits were undertaken to review the prescribing of medicines identified in safety alerts.

### 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 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 were trained to child safeguarding level three.

- Vulnerable patients were highlighted on the practice electronic system. This included children subject to child protection plans and patients with a diagnosis of dementia. There was a system in place to follow up vulnerable patients who did not attend appointments.
- Notices in the waiting area and consultation 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 visibly 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, including yearly handwashing training led by the infection control clinical lead. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result of audit. For example, the practice had made changes to how single use gloves and aprons were stored in consultation rooms. A sharps injury policy was in place and staff were aware of the actions to take. All clinical waste was well managed. The practice held a record of the immunisation status for all members of staff.
- There was an effective recruitment process in place. We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to staff's employment, including proof of their identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Medicines management

## Are services safe?

- There was a comprehensive programme of medicine audits at the practice which demonstrated quality improvement.
- The practice had a medicine review system in place to support patients who take medicines that require monitoring. However, data demonstrated this system was not always effective. Following the inspection the practice immediately sent us a comprehensive analysis of the issues identified during our visit and a supporting action plan to demonstrate how improvements would be embedded into practice.
- There was scope to improve the arrangements in place for managing uncollected prescriptions held at the surgery prior to their destruction. We found that uncollected prescriptions were held at the practice for a period of time before being destroyed by support staff without clinical oversight from a GP. This meant that there was no system in place to ensure that potentially vulnerable patients were receiving their medicine as prescribed.
- Medicines were stored securely in the practice and access was restricted to relevant staff. Nursing staff checked the temperatures in the medication fridges daily which ensured medicines were stored at the appropriate temperature. Nursing staff knew what to do in the event of a fridge failure. During our inspection, one out of date influenza vaccination was found when checking a medicine fridge. The nursing team had developed a checking schedule however this was not always effective as this medicine had not been identified and removed.
- 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 direction from a prescriber.
- Blank prescription forms were held securely on arrival in the practice and records were held of the serial numbers of the forms received. However, the forms were not tracked through the practice to ensure that any loss or theft could be identified immediately.
- 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.
- A full fire risk assessment had been carried out in February 2017 and this was reviewed six monthly. The practice staff carried out weekly alarm checks to ensure that the systems were safe. Two staff worked as nominated fire wardens. The practice undertook annual fire safety training and 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 contract with specialist contractors to undertake this work each year.
- 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).
- The practice had recently undertaken manual handling, display screen safety and stress awareness risk assessments.
- 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. Staff were multiskilled and had received training to ensure that they could safely cover one another for periods of absence, such as holidays or sickness.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the emergency medicines we checked were in date. Staff received annual basic life support training.

### Monitoring risks to patients

Risks to patients were assessed and well managed:

## Are services safe?

- 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.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or

building damage. The plan included emergency contact numbers for staff and suppliers. Copies of this were held off site. The practice also had a buddy system in place with another local practice who were prepared to provide patient services in the event of an emergency.

# 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) evidence based 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 monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent results, published in October 2016, showed that the practice had achieved 97% of the total number of points available, which was in line with the local average of 96% and national average of 95%. The exception reporting rate for the practice was 13%, which was in line with the local average of 11% and the national average of 10% (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).

Data from 2015/2016 showed:

- Performance for diabetes related indicators was 82%, which was below the local average of 91% and the national average of 90%. Exception reporting for diabetes related indicators was 15%, which was in line with the local average of 14% and the national average of 12%.
- Performance for asthma related indicators was 100%, which was in line with the local and national averages of 97%. Exception reporting for these indicators was 8%, which was in line with the local average of 8% and the national average of 7%.

- Performance for mental health related indicators was 100%, which was above the local average of 94% and the national average of 93%. Exception reporting for these indicators was 5%, which was lower than the local average of 13% and the national average of 11%.

The practice participated in local audits, national benchmarking, accreditation and peer review. Clinical audits demonstrated quality improvement. Clinical audits had been completed in the last year, two of these were completed audits where the improvements made were implemented and monitored. For example, the practice had undertaken a two cycle audit of patients who were prescribed over 15 repeat medications to see if they had received the correct medication review in the last 12 months. The second cycle of the audit demonstrated that a satisfactory number of appropriate medication reviews had taken place. It also reflected on how practice could be further improved with additional pharmacist support and amendments made to the clinical coding recorded on the IT system.

The practice had made use of the Gold Standards Framework for end of life care. It had a palliative care register and had regular meetings to discuss the care and support needs of patients and their families with all services involved.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. A new starter pack was given to all new staff and included an induction checklist to ensure that all areas were covered. The induction covered topics including safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. An induction review was held at three months post employment.
- An induction pack had been put into place for locum clinical staff. This included clinical equipment, child protection information, a new starter resource pack and confidentiality policy. The senior partner at the practice carried out regular audits of locum GPs patient consultation records to check the quality of their work.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For

# Are services effective?

## (for example, treatment is effective)

example, nursing staff regularly attended update training for reviewing patients with long term conditions, wound care and infection control. These were recorded in nursing revalidation training hours.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of their competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online 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 and were encouraged to access outside courses. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal in the past 12 months.

### 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 ongoing care and treatment. This included when patients moved. The practice had recognised the growing need for integrated care services in the local area and had employed their own in-house primary care community matron, who acted as a link between the multidisciplinary team and the practice. Weekly meetings were held in house to discuss patients with complex needs.

The primary care community matron role was implemented to ensure that housebound patients and patients unable to attend the surgery could be

appropriately assessed and have support in the community. Data showed that the practice's rate of emergency admissions, referral rates and accident and emergency presentations were lower than the local commissioning group averages. For example, data from the clinical commission group showed that the rate of emergency admissions following the introduction of the community matron maintained a flat trend below the local average, despite a rise in practice list size.

### 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 patients, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. All staff were aware of Gillick competency and applied it in practice.
- Staff recorded patients' verbal consent in the medical records and written consent for procedures such as minor surgery.
- The process for seeking consent was monitored through patient records' audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, alcohol consumption, and smoking cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 77%, which was in line with the local average of 82% and the national average of 81%. Exception reporting for this QOF indicator was 3%, which was lower than the local average of 9% and national average of 7%. The practice recognised that they served a patient population who had varied levels of understanding of how to schedule screening and immunisation appointments. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were

## Are services effective?

(for example, treatment is effective)

failsafe 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.

The practice also encouraged their patients to attend national screening programmes for breast and bowel cancer screening. The breast cancer screening rate for the past 36 months was 78% of the target population, which was above the local average of 75% and the national average of 73%. The bowel cancer screening rate for the past 30 months was 53% of the target population, which was below the local and national averages of 58%.

Childhood immunisation rates for the vaccinations given were in line with the national averages. For example, the

childhood immunisation rate for the vaccinations given to one year olds in 2015/2016 was 98% of the target population. A new system had recently been introduced to remind parents of upcoming immunisation appointments, and this had resulted in a reduction of missed appointments.

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 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.
- When patients wanted to discuss sensitive issues or appeared distressed reception staff could offer them a private room to discuss their needs.

All of the 27 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 conscientious, caring and treated them with dignity and respect. Comment cards included many positive comments about the continuity of care offered by the long standing members of staff at the practice.

We spoke with 10 patients, all of whom told us they were extremely 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 published in July 2016 were in line with local and national averages for patient satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the local and national average of 89%.
- 88% of patients said the GP gave them enough time compared to the local average of 86% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the local and national averages of 95%.

- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local and national averages of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local and national averages of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the local 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.

Results from the National GP Patient Survey published in July 2016 showed patients responses to questions about their involvement in planning and making decisions about their care and treatment 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 local average of 87% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local and national averages of 82%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local and national averages of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format and a variety of different languages.

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

## Are services caring?

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 87 patients as carers (1% of the practice list). The practice was engaged with the local carers support group, which provided support, guidance and respite to carers. Written information was available to direct carers to the various avenues of support available to them.

The practice maintained a register of carers and this role was clearly identified on patient records (both as a read code and as a reminder on the front page of the SystemOne patient record). Carers' health and holistic needs were reviewed opportunistically during their own

appointments and when seen with the patient they were caring for, both in the surgery and at home visits. Where appropriate, the needs of carers were discussed at MDT meetings. With the primary care community matron, the practice discussed patients who maybe in difficulties should their carer need a break or be unable to fulfil their role. The practice sought to forward plan for these eventualities to avoid detriment to the patient's care or stress to the carer. This planning involved district nurses, social services, local residential homes and patient transport.

We received many examples of when patients felt that the practice had provided good care to patients with palliative care needs. Staff told us that families who had suffered bereavement were contacted by their usual GP. This call was followed by a patient consultation at a flexible time and location to meet the family's needs.



# 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.

- There were longer appointments available for patients who required one.
- 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. A walk-in minor illness clinic was held from 8.30am to 11.15am daily.
- Extended hours appointments were available with the advanced nurse practitioner from 7.10am to 8am daily, and with a GP or practice nurse from 6.30pm to 8pm on Tuesday evenings.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and translation services available.
- A wide range of patient information leaflets were available in the waiting area including NHS health checks, services for carers and promotion of mental health awareness. There were displays providing information on cancer warning signs.
- The practice provided a range of nurse-led services such as management of asthma, weight management, diabetes and coronary heart disease, wound management, smoking cessation clinics and minor illness advice.
- The practice offered in-house diagnostics and services to support patients with long-term conditions, such as blood pressure machines, electrocardiogram tests, spirometry checks, blood taking, health screening, minor injuries and minor surgery.
- The practice provided general medical services to patients at two local care homes.
- The practice identified and visited the isolated, frail and housebound regularly. Chronic disease management

was provided for vulnerable patients at home and the practice was active in developing care plans and admission avoidance strategies for frail and vulnerable patients.

### Access to the service

The practice offered appointments from 8.30am to 11.40am and 3pm to 5.30pm daily. Extended hours appointments were available with the advanced nurse practitioner from 7.10am to 8am daily, and with a GP or practice nurse from 6.30pm to 8pm on Tuesday evenings. In addition to this, patients registered at the surgery were able to access evening and weekend appointments at another local surgery as part of the Prime Minister's Challenge Fund. Out of hours care was provided via the NHS 111 service by Herts Urgent Care.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was generally in line with local and national averages.

- 77% of patients were satisfied with the practice's opening hours compared to the local and national averages of 76%.
- 72% of patients said they could get through easily to the practice by phone compared to the local average of 75% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

### 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 on the practice's website and in their information leaflet. Information about how to make a complaint was also displayed on the wall in the waiting area. Reception staff showed a good understanding of the complaints procedure.

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

We looked at documentation relating to a number of complaints received in the previous year and found that they had been fully investigated and responded to in a timely and empathetic manner. Complaints were shared with staff to encourage learning and development.

# 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 summarised as 'Your health, we listen, we care'. The mission statement and further associated values incorporated a vision for patients, the local area and the practice team. Practice staff knew and understood these values.

There was a proactive approach to succession planning in the practice. The practice had clearly identified potential and actual changes to general practice, and gave in depth consideration to how they would be managed in the local area. For example, staff at the practice were engaged with a variety of local healthcare services and worked within the wider health community. The practice maintained a close working relationship with the clinical commissioning group and had taken a lead role in working collaboratively with neighbouring practices. The senior partner at the practice also held a lead role in the development of the local GP federation.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The practice had a comprehensive list of policies and procedures in place to govern its activity, which were readily available to all members of staff. We looked at a number of policies and procedures and found that they were up to date and had been reviewed regularly.

There was a clear leadership structure with named members of both clinical and administration staff in lead roles. Staff we spoke with were all clear about their own roles and responsibilities. Staff were multi-skilled and were able to cover each other's roles within their teams during leave or sickness. Communication across the practice was aided by weekly clinical meetings and monthly whole team meetings. Multidisciplinary team meetings were also held weekly.

There were effective arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the senior partner and practice manager 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, friendly and supportive.

There was a clear leadership structure in place and staff felt supported by management. 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 team also held regular social events, such as a Christmas party. 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 engaged with Friends and Family Test results to analyse trends in feedback and identify areas for development.

The practice had an active patient participation group (PPG) and were keen to recruit more members. The PPG worked collaboratively with the practice to host health education events focused on different patient groups, such as those with diabetes. We spoke with four members of the PPG who told us that the practice were receptive to any suggestions made and were very supportive of the group. The PPG had a notice board in the waiting area and meeting minutes were available on the practice website. The PPG also contributed to the practice newsletter.

The practice gathered feedback from staff through staff meetings, appraisals, discussion and away days. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they felt empowered by management to make suggestions or recommendations for practice.

### Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Members of staff were encouraged to stay up to date with training, and

## Are services well-led?

Good 

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

were supported to attend external courses. For example, nursing staff had attended training courses for minor illness

management, administering joint injections and undertaking minor surgery. Furthermore, the practice were well engaged with the CCG and took part in local pilot schemes focused on improving access and patient care.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity                       | Regulation  |
|--|---|
| Diagnostic and screening procedures      | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  |
| Family planning services                 | Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment   |
| Maternity and midwifery services         |   |
| Surgical procedures                      |   |
| Treatment of disease, disorder or injury | <b>How the regulation was not being met:</b><br><br>The practice had a medicine review system in place to support patients who take medicines that require monitoring. However, data demonstrated this system was not always effective.<br><br>We found an influenza vaccination that was not within the expiry date and available for patient use. The nursing team had developed a checking schedule however this was not always effective as this medicine had not been identified and removed.<br><br>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |