

# Collings Park Medical Centre

## Quality Report

Collings Park Medical Centre  
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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 Collings Park Medical Centre on 23 February 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 the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



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

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework March 2014 to April 2015 showed patient outcomes were at or above average for the locality and compared to the national average. For example, the percentage of patients on the heart failure register who had received an annual review and were taking appropriate medicines was 100%. This was better than the national target of 90%.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey in January 2016 showed patients rated the practice in line with national averages for most aspects of care. For example, 96% of patients had confidence and trust in the last nurse they saw or spoke to. The national average was 97%.

# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had introduced learning disability reviews with longer appointments, liaising with the learning disability team.
- 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. The practice had reviewed its appointment system in response to patient feedback. The practice had also increased the number of pre-bookable appointments, improved the telephone system by diverting calls to the correct location and had increased the number of telephone lines.
- 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.

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 this. The practice had undergone a change of leadership over the last 12 months, with a new team of GP partners. Patients and staff told us this had had a positive effect on the service.
- 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.

Good



# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents 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.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- Practice nurses carried out home visits to older or housebound patients to provide flu vaccinations. This had a positive impact on 184 patients in this population group.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

Good



### People with long term conditions

The practice is rated as good for the care of patients 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.
- The practice outcomes for patients recorded on the national quality outcomes framework were in line with national averages. For example, 73 patients diagnosed with diabetes had been invited to attend a diabetes education programme, 96% had attended. This was higher than the Clinical Commissioning Group (CCG) target of 90%.
- 98% of the 210 patients with respiratory disorders had received oxygen treatment reviews in the last 12 months, which was higher than the CCG target of 90%.
- Longer appointments and home visits were available when needed.
- All patients in this population group 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.

Good



### Families, children and young people

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

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 patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice had achieved 81% in its cervical screening programme, which was higher than the national target of 80%.
- 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, health visitors and school nurses.

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

The practice is rated as good for the care of working-age patients (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.
- The practice supported patients to stop smoking. Of 150 patients who had been referred for support for smoking cessation, 138 had successfully stopped smoking, a rate of 92%. This was much better than the CCG average success rate of 70%.
- The practice had systems in place to identify military veterans and ensure their priority access to secondary care in line with the national Armed Forces Covenant. The practice had a military veteran's policy which had been reviewed in February 2016.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.

**Good**



# Summary of findings

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

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

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

- 100% of patients diagnosed with dementia that had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average.
- Practice nurses carried out dementia comprehensive care reviews at a local nursing home.
- 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 were published on 7 January 2016. The results showed the practice was performing slightly below local and in line with national averages. 274 survey forms were distributed and 124 were returned. This represented 2.6% of the practice's patient list.

- 55% of patients found it easy to get through to this practice by phone compared to a Clinical Commissioning Group (CCG) average of 84% and a national average of 73%. The practice had made improvements in response to this. These improvements included the installation of additional telephone lines, and the deployment of extra staff to answer telephones during the peak times.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 91% and national average 85%).
- 74% of patients described the overall experience of their GP practice as fairly good or very good (CCG average 83% and national average 73%).

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Patients commented on the excellent standard of care received, the caring nature of the staff and the friendly environment.

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

The practice carried out a friends and family survey on an ongoing basis. This showed that 80% of the patients who had responded to the survey between January to December 2015 were likely or extremely likely to recommend the practice to their friends and family. This indicated that actions taken to improve access to the practice were making a positive impact on patients.

# Collings Park Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, and an Expert by Experience.

## Background to Collings Park Medical Centre

Collings Park Medical Centre was inspected on Tuesday 23 February 2016. This was a comprehensive inspection.

The main practice is situated in the coastal city of Plymouth, Devon. The practice provides a primary medical service to 4,700 patients of a diverse age group. The practice is part of Stirling Health Group which had one other practice. The practice is a teaching practice for medical students.

Collings Park Medical Centre is led by a team of two GPs partners, one female and one male. There is also a salaried GP based at Collings Park Medical Centre. Some GPs work part time and some full time. The whole time equivalent equates to two and a half GPs. Partners hold managerial and financial responsibility for running the business. The team are supported by a practice manager who is also a partner, two practice nurses, one health care assistant, and additional administration staff.

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

The practice is open between the NHS contracted opening hours 8am – 6:30pm Monday to Friday. Appointments can be offered anytime within these hours. Extended hours surgeries are offered twice a week as follows; 7am until 8am every Wednesday and 6:30pm until 7:30pm every Thursday evening.

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

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

The practice had a Personal Medical Services (PMS) contract with NHS England.

The practice provided regulated activities from 57 Eggbuckland Road, Plymouth PL3 5JR. We visited this location during our inspection.

## Why we carried out this inspection

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

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

# Detailed findings

## How we carried out this inspection

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

- Spoke with a range of staff including GPs, nursing and administrative staff and spoke with nine patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed 19 comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an incident had occurred where a patient had collapsed. The practice had successfully provided emergency resuscitation. The patient had made a recovery. Lessons learnt included the need for all staff to receive emergency resuscitation training, which had been completed.

Another example included a patient who found it difficult to leave their home. As a result they had not received their annual flu vaccination. This was due to miscommunication between the district nursing team and the practice. The practice took steps to prevent reoccurrence including improved liaison with the district nursing team. Additional actions included practice nurses now visiting all patients who were housebound to provide them with the flu vaccination. This provided a positive benefit to approximately 184 housebound patients.

When there were unintended or unexpected safety incidents, patients received support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

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

staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three for children.

- The practice had also assigned lead roles for information governance, clinical governance, child protection, complaints, infection control, health and safety and other key areas. Who had these lead roles were displayed prominently in staff areas.
- A notice in the waiting room 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of patients 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 most recent audit had been completed in February 2016.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a GP or nurse were on the premises.

## Are services safe?

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

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

### Arrangements to deal with emergencies and major incidents

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

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

# 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 patient's 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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed;

- The percentage of patients on the hypertension blood pressure monitoring register who had received a blood pressure check in the last 12 months was 91% which was better than the national target of 90%.
- The percentage of patients on the heart failure register who had received an annual review and were taking appropriate medicine was 100% which was better than the national target of 90%.
- The percentage of patients registered as smokers who had received support from the practice was 99% which was better than the national target of 90%.

Clinical audits demonstrated quality improvement.

- There had been six clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an

osteoporosis audit included significant cost savings to the practice and patients being provided with more appropriate medicines. A re-audit was planned for April 2016.

- Other audits had examined atrial fibrillation records which ensured patients received the correct treatment. Audits included repeat prescription audits and anticoagulation safety audits. An anticoagulation safety audit which took place in March 2015 as a result of National Patient Safety Alert 18 had also been re-audited in November 2015.

Information about patients' outcomes was used to make improvements such as an inadequate cervical smear audit in December 2015. This had assisted in identifying staff training needs and improve competency of staff carrying out these procedures.

The practice nurses completed a weekly audit of patients who failed to attend for their long term condition appointments and contacted them to re-book an appointment.

### 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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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

# Are services effective?

## (for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating nurses and GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training as part of their personal development programme

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- 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, 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.
- The process for seeking consent was monitored through records audits.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and NHS Health checks for patients aged 40 to 75 years old. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 80%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability 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 were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97.1% to 100% and five year olds from 98% to 100%.

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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

The practice had an active patient participation group (PPG) with eight members. We spoke with a member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 82% of patients said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 84% of patients said the GP gave them enough time (CCG average 90%, national average 84%).
- 91% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)
- 85% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 90%, national average 85%).

- 82% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).

The practice had made improvements in response to this information. Improvements included the installation of additional telephone lines, and the deployment of extra staff to answer telephones during the peak times. They also increased the number of appointments bookable in advance in response to patient feedback improving access to a preferred GP or nurse.

### 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 90% and national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 86% and national average 82%)
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 88% and national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The practice did not have a hearing aid induction loop. Staff used information in larger fonts to communicate with patients who used hearing aids. The practice had a total communication board to facilitate communication for patients with different means of communicating.



## Are services caring?

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 4% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

The practice had systems in place to identify military veterans and ensure they received appropriate support to cope emotionally with their experience in the service of their country in line with the national Armed Forces Covenant. The practice policy had been reviewed in February 2016.

# 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 offered extended hours on Wednesday morning from 7am to 8am and Thursday evenings 6:30pm to 7:30pm for working patients or other patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and other patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- The practice had increased the number of telephone lines, increased the number of staff answering the telephones and increased the number of appointments bookable in advance in response to patient feedback.
- The practice displayed signage stating the location was breast feeding friendly.
- The practice supported patients from a local women's refuge by prioritising same day appointments.

### Access to the service

The practice was open between the NHS contracted opening hours 8am – 6:30pm Monday to Friday. Appointments could be offered anytime within these hours. Extended hours surgeries were offered twice a week as follows; 7am until 8am every Wednesday and 6:30pm until 7:30pm every Thursday evening.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 78% and national average of 75%.

Where the results were below national averages, the practice had taken action to address this. For example;

- 55% of patients said they could get through easily to the practice by phone (CCG average 84% and national average 73%). The practice had responded to this feedback by the installation of additional telephone lines and the deployment of extra staff to answer telephones during the peak times.

Patients 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. There were posters and leaflets in the patient waiting room which explained how to make a complaint should a patient wish to do so. There was clear staff guidance on display in staff areas to support staff in effective complaint handling. The complaints policy was reviewed in June 2015.

We looked at the six complaints received in the last 12 months and found these had been satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following complaints about customer service, the practice had responded by providing customer service and conflict resolution training to staff in December 2015. The practice had complied with the duty of candour, for example, by offering apologies following a misunderstanding with a patient about their contact details.

# 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 ethos was one of providing high quality care to deprived inner city populations. The focus of the ethos was on caring, dignity and respect for patients. It also included having an open, no blame culture with a willingness to learn and make improvements from events that occurred.
- The practice had a mission statement which was on display and staff knew and understood the values. Staff training showed evidence it had been discussed on a regular basis and was part of the new induction programme.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice vision had considered future challenges. Future plans included the merger of the practice with another local practice.

### 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 were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership and culture

The practice had undergone a change of leadership in August 2015. Patient feedback had shown marked improvement in the last six months since the practice had

experienced this change of leadership. For example, this was reflected in positive comments on NHS Choices, in the friends and family survey results and in verbal and written comments obtained during the inspection.

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

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held monthly practice meetings attended by the GP partners and the practice manager partner. The partners and nurses held clinical governance meetings monthly. The practice also held multi-disciplinary team meetings monthly, nurses meetings weekly and monthly, together with whole practice meetings quarterly.
- 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 in doing so and felt supported if they did. We noted team away days were held every six months. The CCG funded two half day practice closures every year. The December 2015 away day agenda items included complaints, significant events and a review of the prescription security protocol. The March 2016 away day planned to include information governance training, and the planned merger with another practice.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

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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. The practice proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG told us that it was difficult for patients to see their named GP. The practice had responded by putting in place two GP partners on a permanent basis at Collings Park Medical Centre with a long term salaried GP, rather than locum cover. This had been met with positive feedback.
- Other feedback included the lateness of appointments and waiting times for appointments. This was addressed by the practice encouraging patients with complex conditions to book longer appointments. This had been successful and feedback had improved within the last six months.
- The practice had gathered feedback from staff through staff surveys, away days and generally through staff meetings, appraisals and discussion. The practice had

completed a staff survey in February 2016 and these results were still being analysed. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff had suggested a poster at reception asking other patients to stand back from the desk whilst other patients were being spoken to, in order to respect confidentiality. This had been implemented. Staff told us they felt involved and engaged to improve how the practice was run.

- Staff had suggested that the duty GP rang patients back between 11am to 1pm rather than between 3pm to 5pm. This provided patients with more opportunities for a same day appointment. This had been acted upon.
- Staff had pointed out that their chairs and desks were no longer fit for purpose. Practice management had arranged a visit from occupational health who provided them with a report. The findings had been acted upon and appropriate chairs and desks had been provided to staff.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was a teaching practice. Two of the practice GPs were qualified trainers. The practice team was forward thinking as was demonstrated by their proposed creation of an acute hub to treat children's illnesses and a chronic hub to treat patients with long term conditions. The practice had considered the challenges ahead and was in the process of merging with a neighbouring practice. This was planned to improve the resilience of the practice in the sharing of resources, skills and experience.