

# Park Road Medical Centre

## Quality Report

Park Road Surgery  
Wallington  
Sutton  
SM6 8AW

Tel: 020 8647 4485

Website: [www.parkroadcentre.co.uk](http://www.parkroadcentre.co.uk)

Date of inspection visit: 30 November 2016

Date of publication: 21/03/2017

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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

### Detailed findings from this inspection

Our inspection team	11
Background to Park Road Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park Road Medical Centre on 30 November 2016. Overall the practice is rated as good.

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

- There was a system in place for reporting and recording significant events, although analysis and recording was not always detailed enough to show that all of the risks had been addressed.
- Generally, risks to patients were assessed and well managed, although some had not been addressed comprehensively. For example, although the premises were clean, there was no clear lead for infection prevention and control and although appropriate recruitments checks had been made not all the checks had been made and fully documented for one member of staff before they started in post.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes on most indicators were at or above average compared to the national average. The practice was an outlier for diabetes indicators in 2014/15 and took action to improve – results in 2015/16 were generally in line with averages. The percentage of patients diagnosed with dementia who had a face-to-face review of their care was below average in 2015/16. We saw evidence that action had been taken, and results were likely to be in line with average in 2016/17.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. Satisfaction with nursing care was below average in the survey data published in July 2016. The practice had taken action to improve the nursing service, including employing an additional nurse and providing more support and training.
- Information about services and how to complain was available and easy to understand.

# Summary of findings

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

The areas where the provider should make improvement are:

- Consider the level of detail recorded for significant events, so that all of the analysis is evident.

- Ensure that risks are comprehensively assessed and managed. Strengthen arrangements for infection prevention and control and ensure that recruitment checks are carried out and fully documented before staff begin in post.
- Continue to monitor and take action to improve care of patients with long term conditions, particularly diabetes and dementia.
- Continue to monitor and take action to improve patient satisfaction with the nursing service.
- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.

**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 a system in place for reporting and recording significant events, although analysis and recording was not always detailed enough to show that all of the risks had been addressed.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Generally, risks to patients were assessed and well managed, although some had not been addressed comprehensively. For example, although the premises were clean, there was no clear lead for infection prevention and control and although appropriate recruitments checks had been made, in the case of one member of staff, not all the checks had been made and fully documented prior to the staff member starting in post.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes on most indicators were at or above average compared to the national average. The practice was an outlier for diabetes indicators in 2014/15 and took action to improve – results in 2015/16 were generally in line with averages. The percentage of patients diagnosed with dementia who had a face-to-face review of their care was below average in 2015/16. We saw evidence that action had been taken, and results were likely to be in line with average in 2016/17.
- 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.

# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. Satisfaction with nursing care was below average in the survey data published in July 2016. The practice had taken action to improve the nursing service, including employing an additional nurse and providing more support and training.
- 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.

Good



## 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 offered in-house spirometry, tests for people with breathing problems and offered extra support to those at risk of unplanned admission to hospital.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. 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 people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients had a named GP to support their care.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the national average in 2015/16. The practice performed below average in 2014/15, and took action to improve.
- The practice referred patients with borderline results for diabetes (who had a borderline HBA1C, a test of blood sugar over time) to a local diabetes prevention programme.
- Flu vaccination clinics were run on weekends, in addition to flu vaccinations being given during normal working hours. Invitations to attend for a flu vaccination included an advice leaflet about keeping warm in the winter months, to reduce the risk of complications for patients with long-term health conditions.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 82% and the national average of 82%.
- 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 people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice website had a tool that allowed patients to contact their GP directly online, and had arranged Skype consultations. Telephone consultations were arranged out of normal hours where this was more convenient for patients.

**Good**



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

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

**Good**



# Summary of findings

- 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).

- 68% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was below the national average. We saw evidence that more patients with dementia had received face to face reviews in 2016/17.
- Performance for other mental health related indicators was comparable to the national average.
- 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 in July 2016. Three hundred and seven survey forms were distributed and 112 were returned. This represented just under 3% of the practice's patient list. The results showed the practice was performing in line with local and national averages.

- 94% of patients found it easy to get through to this practice by phone compared to the local average of 72% and the national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 78% and the national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the local and national average of 85%.

- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 81% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 59 comment cards. 57 were all positive about the standard of care received, and two had mixed feedback.

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

# Park Road Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector with a GP specialist adviser.

## Background to Park Road Medical Centre

Park Road Medical Centre has approximately 4000 patients and is in Wallington, in the south London borough of Sutton. The surgery is in purpose built premises. There is no patient parking, but the area is well served by public transport.

Compared to the England average, the practice has more young children as patients (age up to 14) and fewer young adults (age 15 – 29). There are more patients aged 30 – 49, and fewer patients aged 50+ than at an average GP practice in England.

The surgery is based in an area with a deprivation score of eight out of 10 (one being the most deprived), and has a lower levels of income deprivation affecting older people and children. Compared to the English average, more patients are unemployed. Life expectancy (for men and women) is slightly above the national average.

Three doctors work at the practice: two male and one female. Two of the doctors are partners and there is one salaried GP. The practice provides 13 GP sessions per week. There are two practice nurses, who provide five sessions per week.

The practice is open 8am and 6.30pm Monday to Friday, and until 8.30pm on Tuesday. Appointments are available from 8.30am to 11.40am and 4pm and 18.10pm on Monday,

Thursday and Friday, 8.30am to 12pm and 5.20pm to 8.30pm on Tuesday and 9am to 11.40 to 4pm to 6.10pm on Wednesday. When the practice is closed cover is provided by a local service that provides out-of-hours care.

The practice offers GP services under a Personal Medical Services contract in the Croydon Clinical Commissioning Group area. The practice is registered with the CQC to provide family planning, diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services.

This is the first time that the CQC has inspected the practice.

## 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 30 November 2016.

During our visit we:

# Detailed findings

- Spoke with a range of staff including GPs, nursing, reception and administrative staff and spoke with patients who used the service and representatives from the patient participation group.
- Observed how patients were being cared for and talked with family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. Although we saw that appropriate action had been taken, some of the records made did not contain complete details of the practice's analysis.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, after an issue where a patient did not receive an urgent hospital referral the practice changed their process and implemented a series of weekly 'safety searches'. These were checks of patient records to make sure that practice policies were being followed, on referrals and prescribing of high risk medicines.

### 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 protection or child safeguarding level 3, nurses to level 2 and non-clinical staff to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones 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). All staff who acted as chaperones were trained for the role, but not all of those who we spoke to were clear as to their precise role and responsibilities as a chaperone, meaning that they may not be able to properly undertake the role.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Arrangements for preventing and controlling the spread of infections were in place, but there was no clear lead for infection control. We saw evidence that action was taken to address improvements identified as a result of the audits in 2014 and 2016. There was an infection control protocol in place and staff had received up to date training, although no-one in the practice had had specialist training to perform the role of infection control lead.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line

## Are services safe?

with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

- We reviewed three personnel files for evidence that recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the relevant professional body and the appropriate checks through the Disclosure and Barring Service. We found that appropriate checks had been made, although in the case of one member of staff, not all the checks had been made and fully documented prior to the staff member starting in post. We confirmed after the inspection that all the checks had taken place.

### Monitoring risks to patients

Overall, risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The business continuity plan did not assess the risk of an inability to access the practice online management information system. After the inspection, the practice sent us evidence that this had been risk assessed and arrangements made to ensure the information was always accessible (even if the online system failed).

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice 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 published results (2015/16) were 94% of the total number of points available, compared to the local average of 94% and the national average of 95%.

- Performance for diabetes related indicators was comparable to the national average.
- 70% of patients with diabetes, had their HbA1c (blood sugar over time) last measured at 64 mmol/mol or less, compared to the local average of 75% and the national average of 78%.
- 78% of patients with diabetes had well controlled blood pressure, compared to the local average of 75% and the national average of 77%.
- 94% of patients with diabetes had an influenza immunisation, compared to the local average of 87% and the national average of 89%.
- 71% of patients with diabetes had well controlled total cholesterol, compared to the local average of 77% and the national average of 80%.
- 88% of patients with diabetes had a foot examination and risk classification, compared to the local average of 87% and the national average of 89%.

The practice was an outlier for diabetes indicators in 2014/15 and took action to improve. For example, in 2014/15 62% of patients with diabetes, had their HbA1c (blood sugar over time) last measured at 64 mmol/mol or less, compared to the local average of 74% and the national average of 78%.

- Performance for mental health related indicators was comparable to the national average.
- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan, compared to the local average of 91% and the national average of 88%.
- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded, compared to the local average of 88% and the national average of 89%.
- 68% of patients diagnosed with dementia had a face-to-face review of their care, compared to the local average of 86% and the national average of 84%. We saw evidence during the inspection that the practice had taken action and improved the percentage of patients with dementia who had had a face-to-face review of their care, so that the practice was likely to be comparable to other practices in 2016/17.
- 95% of patients with physical and/or mental health conditions had their smoking status recorded, compared to the local average of 94% and the national average of 95%.

Rates of exception reporting was also similar to local and national averages. (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).

There was evidence of quality improvement including clinical audit.

- In addition to prescribing audits in collaboration with the CCG pharmacy team, there had been five clinical audits undertaken in the last two years. Three of these were completed audits where the improvements made were implemented and monitored.

In one example, the practice looked at the number of patients identified as having chronic kidney disease (CKD) on their medical records (as identification of patients with

# Are services effective?

## (for example, treatment is effective)

long term conditions means that they can be offered effective support). In 2015 the practice had 71 patients recorded as having CKD. An action plan was put in place to improve identification and in 2016 90 patients were recorded as having CKD. Some patients had improved their health between 2015 and 2016, so no longer counted in the number recorded. As the prevalence (2%) was still below the national average (3%) the practice revised their action plan and planned to re-audit in 2017.

### 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. This 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 vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### 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 between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

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

The practice's uptake for the cervical screening programme was 78%, which was comparable to the Clinical Commissioning Group (CCG) average of 82% and the

# Are services effective?

(for example, treatment is effective)

national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice 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. 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. 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 averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76% to 100% (local rates ranged from 82% to 97%) and five year olds from 72% to 85% (local rates ranged from 79% to 92%).

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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.

We received 59 comment cards. 57 were all positive about the standard of care received, and two had mixed feedback. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with six patients, including one member of the patient participation group (PPG). 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 average for its satisfaction scores on consultations with GPs, but below average for consultations with nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the Clinical Commissioning Group (CCG) 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 CCG average of 95% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.

- 72% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment with GPs, but less positively about nurses. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 66% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

The practice had reviewed the results of the national GP patient survey and had made some changes to the nursing service as a result including employing a second nurse to increase nursing staff and providing additional support and training.

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.

## Are services caring?

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 22 patients as carers (under 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP 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.

# 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 in-house spirometry, tests for people with breathing problems and offered extra support to those at risk of unplanned admission to hospital. The practice had a low rate of unplanned hospital admission.

- The practice offered appointments from 8.30am and on a Tuesday until 8.30pm to support 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 patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- A lift was planned for the first floor, to allow this space to be used for clinical rooms.
- The practice website had a tool that allowed patients to contact their GP directly online, and had arranged Skype consultations. Telephone consultations were arranged out of normal hours where this was more convenient for patients.
- The practice sent text message reminders and allowed online appointment booking and prescription requests.
- The practice referred patients with borderline results for diabetes (who had a borderline HbA1C, a test of blood sugar over time) to a local diabetes prevention programme.
- Flu vaccination clinics were run on weekends, in addition to flu vaccinations being given during normal working hours. Invitations to attend for a flu vaccination included an advice leaflet about keeping warm in the winter months, to reduce the risk of complications for patients with long-term health conditions.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, and until 8.30pm on Tuesday. Appointments were from 8.30am to 11.40am and 4pm and 18.10pm on Monday, Thursday and Friday, 8.30am to 12pm and 5.20pm to 8.30pm on Tuesday and 9am to 11.40 to 4pm to 6.10pm on Wednesday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 84% of patients were satisfied with the practice's opening hours compared to the local average of 77% and the national average of 79%.
- 94% of patients said they could get through easily to the practice by phone compared to the local average of 73% and the national average of 73%. This was the highest result in the Clinical Commissioning Group.

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

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

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example a poster in reception.

# Are services responsive to people's needs?

(for example, to feedback?)

There were no complaints received in the last 12 months (the last was received in 2012). We looked at four received in 2011 and 2012 and found that these were satisfactorily handled with openness and transparency.

# 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.

- Staff understood the values of the practice.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained.
- A programme of audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Some of these were not comprehensively implemented, for example there was no clear lead for infection control.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG suggested that the practice advertise the number of patients who did not attend for their appointments, to encourage patients to attend or cancel their appointments.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

## Are services well-led?

Good 

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

There was a focus on improvement and innovation within the practice. The practice team was adopting the use of innovative technology, both to effectively manage the practice and to provide new and improved services for patients.