East Park Medical Centre

Quality Report

5–7 East Park Road
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Date of inspection visit: 8 December 2017
Date of publication: 15/01/2018

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?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

This practice is rated as Good overall. (The previous inspection in April 2017 rated the practice as Requires Improvement.)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We had previously inspected this practice on 4 April 2017. At that time we found the practice to be rated as Requires Improvement for providing safe, effective, caring, responsive and well-led care. As part of our inspection process, we also look at the quality of care for specific population groups. The issues identified as requiring improvement affected all the population groups.

We subsequently carried out an announced comprehensive inspection at East Park Medical Centre on 8 December 2017. This was to check whether the practice had addressed and actioned the areas of concern which were raised at the 4 April 2017 inspection.

At this inspection we found:

- All practice policies and procedures were embedded and easily accessible. Any updates were cascaded to staff and discussed in meetings. However, at the time of inspection, not all staff at the Halton site followed the procedures when handling specimens.
- There were systems and processes in place to manage risk and health and safety. All actions were completed regarding risk assessments such as fire.
- There was an embedded system in place for actioning and cascading drug safety alerts.
- There was evidence of shared learning and actions being taken as a result of reported indicents. The practice used incident report to drive change as appropriate.
- The practice had procured the services of an outside agency to support them in improving their systems to ensure all patients were coded appropriately. This was used to support improvements relating to the quality and outcomes framework (QOF).

Summary of findings

- There were systems in place for the recall and review of patients. However, the practice had acknowledged they had experienced difficulty in ensuring all patients had received their reviews in line with timescales.
- The practice had engaged with Healthwatch regarding a patient survey and they had also recently commissioned their own. They were using the results of these surveys to identify areas for improvement, such as patient access.
- Information was available for patients in languages and formats suitable for the practice population.
- There had been noticeable improvements in the leadership and management of the practice.
- There was a strong commitment towards continuous learning and improvement throughout the practice. There was evidence of a cohesive team approach and staff were positive when talking about the changes that had happened in the practice.
- There was a range of clinical and non-clinical meetings which were all minuted.
- There was evidence of effective engagement with the patient participation group and using the group to support improvements in patient satisfaction.
- The Care Quality Commission registration processes had been completed in relation to the registered manager.

The areas where the provider should make improvements are:

- Assure themselves that all reception staff who work at the Halton location follow infection prevention and control procedures and know how to access equipment. For example, keys to the cleaning cupboard and emergency drugs cupboard.
- Review and improve the systems in place so that reviews of patients are completed in accordance with their care and treatment requirements.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

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

East Park Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector**.** The team included a GP specialist adviser and two additional CQC inspectors.

Background to East Park Medical Centre

East Park Medical Centre is a member of the Leeds South and East Clinical Commissioning Group (CCG). General Medical Services (GMS) are provided under a contract with NHS England. Since the previous inspection the practice have been supported by the local CCG and GP Federation, known as South & East Leeds General Practice Group (SELGP).

The practice has two sites, which are situated in one of the most deprived areas of Leeds. Their main site is at 5-7 East Park Road, Leeds LS9 9JD with a second site at Halton Medical Practice, 2a Primrose Lane, Leeds LS15 7HR. Both of these premises are purpose built and are leased. There is accessible car parking and there are good transport links. The two sites share the same patient list, policies and procedures and Quality and Outcomes Framework data. Both clinical and administrative staff rotate between both sites and have access to the practice computer system.

The premises at East Park Road has consulting and treatment rooms over two floors, with the main reception on the ground floor and an additional patient waiting area on the first floor; which can be accessed by stairs or a passenger lift. The first floor reception area is manned during clinic times. The refurbishment of the practice premises has been completed, which includes new flooring throughout and the renovation of a previously disused room into a meeting/training room; which is accessed and used by staff.

The premises at Halton Medical Practice has a reception area and a small enclosed patient waiting room. There are two consulting rooms. All patient areas are on the ground floor. There is limited wheelchair and pushchair access due to the restrictions of the building. Since the previous inspection, the practice have continued to engage with the CCG and Leeds Community Healthcare Trust (the owner of the building) to look at how improvements can be made. At the time of this inspection, the practice were finding it difficult to resolve or improve the situation, despite their efforts. They had looked at the potential of relocating to another site, however, there were no nearby premises which were deemed to be suitable.

Information published by Public Health England rates the level of deprivation within the practice population group as one. (On a scale of one to ten, level one represents the highest levels of deprivation and level ten the lowest.) It has been identified nationally that people who live in more deprived areas tend to have a greater need for health services.

The practice currently has 8,046 patients split over both locations. They have a mixed ethnic patient population, with over 50 different languages being spoken. Over 7% of their patients are aged 75 and over; 3% of whom reside in a care/residential home. At 67% they have a higher than national average (53%) of patients who have a long standing health conditions.

Since the previous inspection, the CCG had advised the practice to close their patient list. During this time, there has been a small reduction in the patient list size and the

Detailed findings

practice have not been able to accommodate requests from patients who want to join the practice. The list closure is in place until the end of March 2018, when it will be reviewed in conjunction with the CCG.

There are three practice partners, comprising two GPs (one female, one male) and a female advanced nurse practitioner (ANP). In addition there is a male salaried GP. GP clinical sessions are supported by a regular GP locum, who is familiar with the practice. A newly recruited salaried GP is due to commence working at the practice in January 2018. There are two female practice nurses, a regular female locum ANP and a male pharmacist. Clinicians are supported by a practice manager and a team of administration and reception staff. We were informed that a healthcare assistant is also due to commence work in January 2018. They were currently in the process of interviewing for a mental health specialist nurse. Since their first inspection in August 2016, the practice have been dealing with a challenging and difficult employment issue that has significantly affected their ability to recruit additional staff during that time. This issue was only finalised in November 2017.

East Park Medical Centre is open Monday to Friday 8am to 6pm, with extended hours from 7am on Monday. GP appointments are available between 8.30am and 5pm Tuesday to Friday and until 7.40pm on Monday. Halton Medical Practice is open Monday to Friday 8am to 6pm. GP appointments are available between 8.30am and 5pm Monday to Friday. When the practice is closed out-of-hours services are provided by Local Care Direct, which can be accessed via the surgery telephone number or by calling the NHS 111 service.

The practice offered online services such as booking appointments, ordering repeat prescriptions and accessing limited information from medical records.

The inspection rating relating to the previous inspection was on display at both locations and was posted on the practice website.

Good

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

At the previous inspection on 4 April 2017, we rated the practice as requires improvement for providing safe services, as not all drug safety alerts had been acted on and not all actions had been completed in relation to a fire risk assessment.

During this inspection, we found that improvements had been made.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. There was a comprehensive range of safety policies which were available on the practice computer system, regularly reviewed and updates communicated to staff at meetings. Issues in relation to health and safety were also discussed at team meetings. Actions identified from risk assessments had been completed, including those relating to fire. All staff received training relating to safety and risk management as part of their induction and mandatory training requirements. Staff we spoke with on the day of inspection were able to demonstrate a good understanding of safeguarding.
- There were systems in place to safeguard children and vulnerable adults from abuse; which reflected relevant legislation and guidance. Policies outlined the process to follow and who to go to for further guidance should a safeguarding concern arise. One of the GPs was the safeguarding lead for the practice and had received training appropriate for this role. All other staff were trained to the appropriate level. We saw that safeguarding flags and notes were entered in the records of patients who had a history of domestic violence. These were also reflected in the records of any children living with that individual.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). Staff who acted as chaperones were trained for the role and had received an appropriate DBS check.
- There was a policy and system in place to manage infection prevention and control (IPC). There was an IPC lead and an IPC audit had been recently undertaken. We saw there was a corresponding action plan and that the majority of identified actions had been completed. All staff were up to date with IPC training and understood the principles of IPC. However, on the day of inspection we saw that a member of the reception team had not worn gloves when handling a specimen received from a patient; in accordance with the IPC policy. In response to this the IPC lead attended Halton to engage with the staff and remind them of their IPC responsibilities.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing and disposing of healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- There were arrangements for planning and monitoring the number and mix of staff needed and capacity issues were managed as they arose. The partners had acknowledged there was a need to increase clinical capacity. To this end they had employed a salaried GP and a healthcare assistant, both of whom were due to start working at the practice in January 2018. They had also employed a long-term locum advanced nurse practitioner (ANP) and a practice pharmacist. They were in the process of interviewing for a mental health nurse specialist.
- There was an effective induction system for temporary staff specifically tailored to their role. Records of induction programmes were kept within staff personnel files.

Good

Are services safe?

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, such as sepsis.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, the practice could share information regarding patients via their computer system and through both formal and informal meetings.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, vaccines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Medicines were prescribed, administered and supplied to patients in line with legal requirements and current national guidance. Advice regarding medicines was given to patients as appropriate. The practice had taken actions to support the effective management regarding the use of antimicrobial products, such as antibiotics and antifungals. This included raising staff awareness and actively monitoring and reporting on prescribing rates.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in reviews of their medicines.
- There was an embedded system in place for receiving, cascading and actioning drug safety alerts. We saw that any patients which may have been affected by those alerts had been identified and reviewed accordingly. All patient safety alerts were discussed at clinical governance meetings.

Track record on safety

The practice had a good safety record.

- We saw there were comprehensive risk assessments in relation to safety issues.
- These were regularly reviewed and activity analysed to look for any emerging trends. This helped the practice to understand areas of risk and improve safety.
- Staff were encouraged to raise any areas of concern relating to safety.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- We saw evidence to show that there were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. The practice used incident report to drive change as appropriate. For example, as a result of a incident whereby a prescription for medicine had been issued too early, the protocol had been reviewed and training given to staff to prevent recurrence.
- Staff told us there was a 'no blame' culture in the practice and they saw learning from incidents as an opportunity to improve systems and prevent recurrence.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice, and two of the population groups, as requires improvement for providing effective services.

At the previous inspection on 4 April 2017, we rated the practice as requires improvement for providing effective services, particularly relating to the population groups of people with long-term conditions and people experiencing poor mental health (including people with dementia). Not all patients in those groups had received a face to face review of their care plans and data for the Quality and Outcomes Framework (QOF) was below the CCG and national average in some areas.

During this inspection, we found that there was now an effective recall system in place. However, the practice had acknowledged they had experienced difficulty in ensuring all patients had received their reviews in line with timescales. At the time of this inspection, the QOF data related to the period of 2016/17 (identified in the previous inspection report) and it was too early in the QOF reporting process to ascertain whether data had improved.

Effective needs assessment, care and treatment

The practice had systems to keep the clinicians and pharmacist up to date with current evidence-based practice. We saw that clinical staff assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Guidance, such as NICE (National Institute for Health and Care Excellence), was discussed at the clinical meetings. We saw minutes of meetings to evidence where NICE guidance had been discussed.
- Patients' clinical needs, including their mental and physical wellbeing, were assessed when prescribing treatment or making a referral to other services.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice was comparable to other practices locally and nationally for the prescribing of medicines such as hypnotics (primarily sleep medications used to treat different types of insomnia); antibacterials (used to treat bacterial infections) and antibiotics such as cephalosporins or quinolones (These antibiotics should only be used in specific circumstances or when other antibiotics have failed to prove effective in treating an infection.)

Older people:

- The practice had set up a register to identify all older patients who were frail, which included those who were severaly frail and needed closely monitoring. The practice could evidence that 100% of these patients had received a review of their care and medication. Out of 63 patients who had been identified, 38 had been referred for a comprehensive falls assessment.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were reviewed and updated to reflect any extra or changed needs.

People with long-term conditions:

This population group was rated as requires improvement for receiving effective care because a significant proportion of these people had not received reviews of their care and treatment in line with requirements.

- Staff who were responsible for reviews of patients with long-term conditions had received specific training and were aware of their level of competence and accountability.
- Patients with long-term conditions had a structed annual review to check their health and treatment needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice had access to the East Leeds Home Visiting team, which included an ANP, practice nurses and HCAs. This team carried out home visits for those patients who were unable to attend the practice. They carried out reviews of long-term conditions, provided a phlebotomy service and undertook leg dressings.
- Performance for long-term condition indicators, in relation to QOF, showed the practice was underperforming. For example, the practice had

Requires improvement

Are services effective?

(for example, treatment is effective)

achieved 66% relating to chronic obstructive airways disease (compared to the CCG average of 95% and national average of 96%); and 50% relating to diabetes (CCG 85%, national 91%).
- Patients were offered a 'one stop' and longer appointment if they had more than one long-term condition.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were higher than the target percentage of 90% or above
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. This included an initial appointment with a GP to discuss their medication, prior to being seen by a midwife.

Working age people (including those recently retired and students):

- The practice uptake for cervical screening was 92%, which was higher than the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- Palliative care was discussed at multidisciplinary meetings. Patients were prioritised for care and support according to need. Patients' wishes regarding their end of life care was recorded in their notes.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice provided support for those patients who were HIV positive. Female patients in this group were encouraged and supported to attend for cervical screening. The practice could demonstrate that all patients were up to date with their smear. Influenza and pneucoccal vaccinations were also offered to this group.
- The practice had achieved 100% of the QOF points available regarding the care and treatment provided for those patients living with a learning disability.

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

This population group was rated as requires improvement for receiving effective care because a significant proportion of these people had not received reviews of their care and treatment in line with requirements.

- Performance for mental health and dementia indicators, in relation to QOF, showed the practice was underperforming. For example:
- 58%% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months (compared to the CCG average of 87% and the national average of 84%)
- 20% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months (CCG 88%, national 90%).
- 60% of patients who experienced poor mental health had received discussion and advice regarding alcohol consumption (CCG 93%, national 91%).
- The practice had identified these patients for urgent review of their care and treatment.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

The practice had a programme of audit. We looked at four of the audits that had been undertaken within the last 12 months. We saw that these had led to either developments within the practice or had assured the practice that operating standards were being met. The practice had undertaken two completed audits (audits which are repeated to review whether improvements/changes were implemented). In addition quarterly audits were undertaken in relation to medicines management. We saw that audits were shared across the practice and discussed in clinical meetings.

Requires improvement

Are services effective?

(for example, treatment is effective)

The practice participated in the Quality Outcome Framework (QOF). (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) The most recent published QOF results were 75% of the total number of points available compared with the CCG average of 94% and national average of 96%. The overall exception reporting rate was 7% compared with a CCG and national average of 10%.

The QOF data reported related to 2016/17. We discussed with the practice what measures they had put in place to support improvement. We saw they had developed a 'QOF accelerated action plan', which identified key areas for improvement. This included utilising:

- the East Leeds Home Visiting team more effectively to undertake reviews on housebound patients
- discussing QOF on a weekly basis at both clinical governance and practice meetings
- improvements to the recall system and expanding the clinical team.

They were also putting on extra weekend clinic appointments to review patients. The practice was in the process of recruiting a mental health specialist nurse to support review of those patients who had mental health issues or dementia.

The practice had a high proportion of patients who did not attend their appointments (DNA), this resulted in appointments being wasted. They had developed a DNA task group and were using a targeted approach to reduce DNA rates.

The practice had also procured the services of an outside organisation to look at how information had been Read Coded in patient records. (Read Coding is a system that allows almost anything to be coded in the computer record, including social circumstances, ethnicity, clinical diagnosis and laboratory tests. This enables practices to provide statistical reports and support recall systems effectively.) It had been noted that not all patients had been accurately coded which had been a detrimental factor in the recall of some patients. This, in turn, had impacted on their QOF results. As a result of this process, increases in disease prevalence had been identified, such as diabetes and dementia. These additional patients had been invited for a review of their care.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- At the time of inspection, we observed that not all reception staff at the Halton location were following the infection prevention and control (IPC) procedures when handling a specimen. They were also unsure as to where the keys were kept to access the cleaning cupboard and emergency drug cupboard. In response to this, on the day of inspection, the ANP physically attended the Halton site, to show and remind staff where the keys were kept. The practice manager also immediately communicated by to all staff to remind them of the IPC procedures and where the keys were kept.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when

Requires improvement

Are services effective?

(for example, treatment is effective)

they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. It was recorded on the patient's record their wishes, such as preferred place of death, with regard to end of life care.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, cancer screening, smoking cessation and tackling obesity. A health trainer attended on a weekly basis and provided support for patients to live healthier lives.
- An in-house drug and alcohol worker attended the practice on a weekly basis to provide support for patients.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

At the previous inspection on 4 April 2017, we rated the practice as requires improvement for providing caring services, as patient satisfaction had been poor and the practice were unable to demonstrate improvements in patient satisfaction in these areas at that time.

During this inspection, we found that the practice had engaged with Healthwatch and also commissioned an external organisation to undertake patient surveys. This was to gain a better, more detailed, understanding of the areas affecting patient satisfaction. The practice had developed an action plan and timescales for completion.

The practice had experienced some significant challenges since August 2016, during which they had continued to maintain patient services at both practice sites. During this time, staff had continued to treat patients in a dignified and caring manner and patients we spoke with confirmed this. Patients' comments on the day of inspection reflected an improvement in satisfaction levels and were positive about the changes that had been made by the practice.

The practice had also introduced a "you said, we listened, we did" board to demonstrate to patients how they were responding to concerns raised. This was also received positively by patients and the patient participation group.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All but one of the 22 patient Care Quality Commission comment cards we received were positive about the care they received. They stated that staff were caring understanding and helpful. Some patients named individual staff as being "very good and caring" and saying that staff went "above and beyond".

Results from the July 2017 annual national GP patient survey showed that patients' responses were variable, with regard to how they were treated with compassion, dignity and respect; compared to local and national averages. Out of 320 surveys that were sent out, 108 were returned. This was a 34% response rate and represented just over 1% of the practice population. Satisfaction scores on consultations with GPs and nurses were variable. For example:

- 80% of patients who responded said the GP was good at listening to them; compared to the CCG and national averages of 89%.
- 76% of patients who responded said the GP gave them enough time (CCG and national averages 86%).
- 94% of patients who responded said they had confidence and trust in the last GP they saw (CCG and national averages 95%).
- 70% of patients who responded said the last GP they spoke to was good at treating them with care and concern (CCG and national averages 86%).
- 84% of patients who responded said the nurse was good at listening to them (CCG and national averages 91%).
- 87% of patients who responded said the nurse gave them enough time (CCG average 93%, national average 92%).
- 95% of patients who responded said they had confidence and trust in the last nurse they saw (CCG and national averages 97%).
- 83% of patients who responded said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 82% of patients who responded said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).

Healthwatch had undertaken a patient survey in October 2017; which incorporated three visits to the East Park site and three visits to the Halton site. They spoke to a total of 85 patients during those visits. The responses to questions that were similar in nature to some of the lower National GP patient survey results were more positive. For example:

- 85% of patients said they were generally given enough time during a consultation.
- 96% of patients said they were generally listened to.
- 98% of patients said they were generally treated with respect and dignity.

Good

Are services caring?

The practice had also commissioned their own survey in November 2017. A total of 137 patients responded, however, not all patients responded to all of the questions. The responses to questions that were similar in nature to some of the lower National GP survey results were more positive. For example:

- Out of 128 responses, 124 (96%) said they had enough time during a consultation.
- Out of 124 responses, 120 (97%) said they were listened to.
- Out of 131 responses, 120 (98%) said they had been treated with respect.

As a result of these surveys the practice had developed an action plan to address any identified issues. They had also identified that the reduced capacity of clinicians was a contributing factor affecting some areas of patient satisfaction. They had subsequently procured the services of a locum GP and locum ANP. It was anticipated that with the advent of the recruitment of additional permanent clinicians, patients' satisfaction would improve. The practice intended to repeat their patient survey in February 2018 to review and monitor the situation.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Patients who did not have English as a first language had access to interpretation services. Information was translated into their relevant language.
- One of the GPs was multilingual and could support patients as needed.
- There was a hearing loop available in the practice. Sign language services were available for those patients who had a hearing impairment.
- Easy read and pictorial materials were available.
- We observed that staff communicated with patients in a way that they could understand. They assisted patients and carers to access further information, including community and advocacy services.

The practice proactively identified patients who were carers. This was achieved at patient registration, opportunistically during consultations and during key events, such as flu vaccination sessions. The practice had identified 120 patients as carers (approximately 2% of the practice list). The practice computer system alerted clinicians if a patient was also a carer. A clinician acted in the capacity of a carers' champion. Identified carers were able to access enhanced health support from the practice as well as being signposted to other services should this be required.

Staff informed us that if families had experienced bereavement, they would be contacted to offer their sympathy and support as appropriate. 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 ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. Patient's wishes with regard to end of life care, such as preferred place of death, were recorded on their record.

Results from the national GP patient survey showed patients' responses regarding their involvement in planning and making decisions about their care and treatment were variable, compared with local and national averages:

- 71% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 64% of patients who responded said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 82%).
- 79% of patients who responded said the last nurse they saw was good at explaining tests and treatments (CCG average 89%, national average 90%).
- 79% of patients who responded said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

Healthwatch had undertaken a patient survey in October 2017; which incorporated three visits to the East Park site and three visits to the Halton site. They spoke to a total of 85 patients during those visits. The responses to questions that were similar in nature to some of the lower National GP patient survey results were more positive. For example:

- 89% of patients said they had their tests and treatments explained to them.

Good

Are services caring?

- 87% of patients said they were involved in decisions about their care.

The survey, which the practice had commissioned, showed that responses to questions that were similar in nature to some of the lower National GP survey results were more positive. For example:

- Out of 121 responses, 118 (98%) had received explanations about their care and treatment.
- Out of 122 responses, 120 (98%) had been involved in decisions about management of their care.

The practice were using results from the surveys to understand what the issues were and how they could resolve them. They had contacted some individual patients to explore further what the issues were and how they could improve. We were informed this had been a positive and informative exercise.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

At the previous inspection on 4 April 2017, we rated the practice as requires improvement for providing responsive services, as patient satisfaction had been poor.

During this inspection, we found that the practice had engaged with Healthwatch and also commissioned an external organisation to undertake patient surveys. This was to gain a better, more detailed, understanding of the areas affecting patient satisfaction. The practice had developed an action plan and timescales for completion. Patients' comments on the day of inspection reflected an improvement in satisfaction levels.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, extended opening hours and online services were offered.
- The facilities and premises were appropriate for the services delivered. There had been a considerable refurbishment throughout the main site of the practice.
- The practice made reasonable adjustments when patients found it hard to access services. For example, patients could access telephone consultations with clinicians as appropriate.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- In response to patient feedback, the practice had developed "you said, we listened, we did" boards, which were displayed in the patient waiting areas. This demonstrated how the practice had listened to patients and the actions they had taken in response. For example, patients had identified that they would like staff to wear name badges; which the practice implemented.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in residential care.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- Some patients with a long-term condition received a review to check their health and medicines needs were being appropriately met. The practice had identified this as an area for improvement. A home visiting team supported the practice in undertaking reviews for those patients who were housebound.
- The practice had introduced a system whereby patients who had several long-term conditions could be reviewed in one longer appointment.
- The practice held regular multidisciplinary meetings with the local district nursing team, community matron and home visiting team, to discuss and manage the needs of housebound patients who had complex medical issues.

Families, children and young people:

- There were systems in place to identify and follow-up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Parents or guardians who called with concerns about acutely unwell babies and young children could obtain urgent same day appointments.
- Appointments were available outside of school hours both early and late in the day.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours.
- Online services for booking appointments, ordering repeat prescriptions and viewing limited information from medical records was available.
- Patients could access telephone consultations with a clinician as appropriate.

Good

Are services responsive to people's needs?

(for example, to feedback?)

People whose circumstances 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 provided support for those patients who were HIV positive. They were proactive in offering cancer screening and immunisations for this group of patients.
- The practice had achieved 100% of the QOF points available regarding care and treatment provided for those patients living with a learning disability.
- Those patients living with a learning disability were given a care plan booklet which they were encouraged to fill in prior to their appointment. This enabled staff to provide a more personalised service for these patients and to aid understanding. Easy to read and pictorial leaflets, designed specifically for someone with a learning disability, were used with patients.
- The practice had a DNA policy in place and reviewed the rationale for why some patients may not attend appointments.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Dementia assessments were undertaken with those patients who may be experiencing memory loss or displaying symptoms of dementia.
- The practice had recognised there was a high local demand for mental health services. In response they had advertised for a mental health specialist nurse. At the time of inspection they were in the process of recruitment.

Timely access to the service

On the day of inspection, we reviewed the number of clinical appointments available to patients and saw that patients had access to a same day appointment. Patients with the most urgent needs had their care and treatment prioritised. They had timely access to initial assessment, test results, diagnosis and treatment.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was varied, compared to local and national averages.

- 71% of patients who responded were satisfied with the practice's opening hours compared with the CCG average of 77% and the national average of 76%.
- 65% of patients who responded said they could get through easily to the practice by phone (CCG average 66%, national average 71%).
- 69% of patients who responded said that they were able to see or speak to someone the last time they tried (CCG average 82%, national average 84%).
- 57% of patients who responded said their last appointment was convenient (CCG average 79%, national average 81%).
- 58% of patients who responded described their experience of making an appointment as good (CCG average 70%, national average 73%).
- 42% of patients who responded said they don't normally have to wait too long to be seen (CCG average 60%, national average 58%).

Results from the Healthwatch survey were comparable to the national patient survey. However, results from the patient survey commissioned by the practice, showed more positive responses to questions that were similar in nature to some of those in the National GP patient survey. For example:

- Out of 134 responses, 124 (93%) were satisfied with their appointment.
- Out of 135 responses, 122 (90%) said they were satisfied with telephone access to the practice.
- Out of 128 responses, 108 (84%) said they were satisfied with the waiting time.

Results from the Healthwatch survey showed that 92% of those patients spoken to did not use online services to access appointments. The practice identified this was an area they could address and promote online services more proactively to improve patient access.

Patients we spoke with on the day and comments we received, showed that there had previously been difficulty in accessing appointments. However, they said that this had recently improved.

We discussed the areas regarding access to appointments with the practice. Clinicians acknowledged that sometimes appointments did overrun, however, many of their patients had complex needs, which resulted in longer consultations. They also had high numbers of patient who did not attend

Good

Are services responsive to people's needs?

(for example, to feedback?)

their appointment which resulted in wasted appointments. We saw evidence where the practice were reviewing the number of patients who did not attend appointments and taking steps to reduce this.

The practice were aware they had a reduced capacity of clinicians and had recruited an additional GP, ANP and HCA to support patient access to appointments. They had been unable to recruit earlier due to a lengthy human resource issue which was only recently resolved. We were informed the practice intended to repeat their patient survey and also invite Healthwatch to undertake a repeat survey.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. The complaint policy and procedures were in line with recognised guidance. Staff treated patients who made complaints compassionately.
- We saw that the practice had received 10 complaints in the preceding 12 months. These included both written and verbal complaints by patients. We reviewed a sample of the complaints and found that they were handled in a satisfactorily and timely way.
- The practice investigated complaints thoroughly and used a comprehensive format and action plan to manage the process. The practice used complaints as learning and an opportunity to improve services.
- Complaints were analysed to identify any emerging trends. Although there were no specific themes, we saw evidence that staff training had occurred as a result of some complaints.
- We also saw that some complaints had also been recorded as a significant event, which resulted in further investigation.

Are services well-led?

Good

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

Our findings

We rated the practice, and all of the population groups, as good for providing a well-led service.

At the previous inspection on 4 April 2017, we rated the practice as requires improvement for providing well-led services, as the systems and processes were not embedded enough to assure us that the level of improvement could be sustained.

During this inspection, we found that systems and processes were embedded and that there was evidence of sustained improvement. The partners had a good understanding of areas of continuing improvement and had developed an action plan and identified timescales for completion.

Leadership capacity and capability

Since the previous inspection there had been a considerable and noticeable improvement in the leadership abilities demonstrated by the partners. This was also supported by conversations held with the CCG, the local GP federation and NHS England prior to inspection.

- The partners had a good understanding of the issues and priorities relating to the quality and future of their service. They understood the challenges and were actively taking measures to address them.
- The practice had been without a permanent practice manager since December 2016. They had recruited a new practice manager into post, who commenced in May 2017. During the period of no practice manager, it had been difficult as the partners were trying to deal with management issues whilst maintaining clinical workloads. However, this had provided an opportunity for the partners to have a good understanding of those areas which had needed to change and improve.
- All three partners and other practice staff commented very positively on how the newly appointed practice manager had supported them and was seen as a vital role to the development of the practice.
- We were informed that the partners were visible, approachable and engaged more effectively with staff. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

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

- There was a clear action plan and sense of direction of where the practice wanted to be. They had a realistic strategy and supporting business plans to achieve priorities.
- The vision and strategy were shared with staff and external partners and staff had a good understanding of their role in achieving them. They informed us they wanted to deliver the best care possible to their patients and provide a good service.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy. Progress was discussed at the clinical governance meetings and practice meetings.

Culture

The practice had a culture of working hard to achieve high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They told us there had been some extremely low points and many challenges since August 2016. However, they were proud to work in the practice and be part of the changes and improvements that had occurred. On the day of inspection, the practice team showed themselves to be cohesive and positive.
- The practice focused on the needs of patients and ensured that changes were only made with the intention of improving services for patients.
- Openness, honesty and transparency were clearly demonstrated when we spoke with the partners, practice manager and staff who worked in the practice. Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- We saw several instances where the practice had communicated openly and frankly with patients. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- All staff were considered valued members of the practice team. There were processes for providing staff with the development they need. This included appraisal and career development conversations. All

Are services well-led?

Good

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

staff had received appraisals in the preceding 12 months. Clinical staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities to support good governance.
- There were established and embedded policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.There was a managerial and clinical oversight of patient safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents. This included a business continuity plan which was available to all staff on the practice computer system.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.
- Since their first inspection in August 2016, the practice had been dealing with a challenging and difficult employment issue that had significantly affected their ability to recruit additional staff during that time. This issue was only finalised in November 2017.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. The practice had action plans in place and were actively working to address any identified weaknesses.
- The practice submitted data or notifications to external organisations as required.
- There were safe and effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support continued improvements in delivering high-quality sustainable services.

- A range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, Healthwatch had engaged with the practice, via the CCG, to undertake a patient survey. Feedback was used by the practice to inform changes and improvements in service delivery and patient satisfaction. For example, improved signage and information for patients.

Are services well-led?

Good

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

- There was an active patient participation group (PPG). They informed us of the improvements made since the previous inspection. A range of practice staff attended the PPG meetings, including one of the partners and practice manager. They felt listened to and encouraged to be engaged in practice development and improving patient satisfaction.
- In response to patient feedback, the practice had developed "you said, we listened, we did" boards, which were displayed in the patient waiting areas. This demonstrated how the practice had listened to patients and the actions they had taken in response.
- The practice was transparent, collaborative and open with stakeholders. They had actively engaged with NHS England, the local CCG and federation and the CQC to improve performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. They had undergone significant challenges and changes as a result of CQC inspections. We were informed how the practice had improved as a result and how they intended to continue to improve their services for patients.
- Staff had been extensively involved in the improvements and were positive about continuous improvement.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.