

Park Practice

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to Park Practice	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park Practice on 30 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

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

The areas where the provider should make improvement are:

- Ensure that the records maintained in relation to significant events are detailed, robust and fully auditable.

Summary of findings

- Ensure that cleaning schedules are auditable and specify equipment to be cleaned.
- Ensure that all minutes recorded during meetings are detailed and that actions and outcomes are fully auditable.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. The practice was working with the CCG and other local stakeholders to redesign and deliver an improved policy in relation to decisions not to resuscitate at the end of life, thereby improving the quality of care to the most vulnerable of patients.
- The practice offered a service of same day appointments for urgent or routine matters.
- 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.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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 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.

Good



- 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.
- All patients over the age of 75 years were offered on the day face to face appointments.
- The practice has employed an Advanced Health Care Practitioner (AHCP) to provide enhanced care to older and vulnerable patients in their own homes or in the surgery.
- The practice has appointed a community pharmacist with a primary focus on care for patients who were over 75, to review and reconcile the complex prescribing found in this population group.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 92% compared to the national average of 88%.
- The percentage of patients with diabetes, on the register, who had had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 100% compared to the national average of 94%.
- 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.

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.
- The practice offered pre-booked antenatal care, six week checks and postnatal checks.
- The immunisation appointment system had been modified to improve convenience for families to attend, resulting in relatively high rates 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 offered full family planning services including intrauterine devices and implants.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 81% compared to the national average of 82%
- The premises were suitable for children and babies.
- Every patient under the age of 16 years was offered a same day face-to-face appointment out of school hours if required or as appropriate.
- We saw positive examples of joint working with midwives, health visitors.

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 appointment system offered time specific telephone consultations including lunchtime and up until 7pm, which had reduced the need for face-to-face consultations and proved popular in this population group.

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.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances. There were 242 patients on the register at the time of the inspection.
- 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.
- A member of the administration team was responsible for managing the practice admissions avoidance/complex care list.
- The practice held monthly palliative care meetings.
- The Advanced Health Care practitioner and the pharmacist took a key role in addressing the specific needs of this group including extended health checks and medicine reviews.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 86% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, compared to the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 98% compared to the national average of 89%.
- 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 offered extended appointments to patients experiencing poor mental health in accordance with their individual needs.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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 January 2016. The results showed the practice was performing in line with local and national averages. 244 survey forms were distributed and 128 were returned. This represented 1.25% of the practice's patient list.

- 82% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to 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 26 comment cards which were all positive about the standard of care received. Five cards

commented on the new appointment system which had not suited all patients. Patients commented that the staff treated patients with respect and that they were caring, helpful and polite.

The practice had conducted its own survey to test customer satisfaction in relation to the new appointments system. Results showed that 47 patients thought the new system was better, 16 patients thought it was the same and 10 patients thought it was worse.

We spoke with four patients during the inspection and two further patients on the telephone post inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The most recent friends and family test results had been compiled from 50 comment cards. 39 patients responded that they would be extremely likely to recommend the practice to friends and family, four were likely to recommend the practice, four were neutral and three were unlikely to recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that the records maintained in relation to significant events are detailed, robust and fully auditable.
- Ensure that cleaning schedules are auditable and specify equipment to be cleaned.
- Ensure that all minutes recorded during meetings are detailed and that actions and outcomes are fully auditable.

Park Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and assisted by a GP specialist adviser.

- The patient population is 10,886 and the general profile of the practice patient population mirrors that of the national average.
- The practice operates under a General Medical Services (GMS) contract and offers enhanced services. For example: childhood immunisation and facilitating timely diagnosis and support for dementia.

Background to Park Practice

Park Practice is located at 9, Broadwater Way, Eastbourne, BN22 9PQ.

The premises is on the outskirts of Eastbourne, near to a residential area, purpose built and with good parking facilities. It is fully accessible for wheelchair users.

- The practice consists of nine GPs. Five GP partners (all male) and three salaried GPs (all female). The practice is a training practice and currently has one GP registrar (female).
- There are three practice nurses, two health care assistants and one phlebotomist. The practice also employs a paramedic for two days per week and a pharmacist for two days per week.
- The practice employs a practice manager, an office manager and a team of receptionists and administrators.
- The practice is open between 8.30am and 6pm Monday to Friday. Appointments are from 8.30am to 12 midday and 2.30pm to 5.30pm daily. Extended hours appointments are offered up to 8pm on Monday and Wednesday. Evening phlebotomy appointments are also offered on a Monday and Wednesday.
- Patients who require healthcare when the practice is closed are directed to use the NHS 111 service. Between the hours of 8am and 8.30am and also 6pm to 6.30pm the 111 service will contact the practice's duty doctor.

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 March 2016. During our visit we:

- Spoke with a range of staff including GPs and nursing staff, and also spoke with patients who used the service.
- Observed how patients were being cared for.
- 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.'

Detailed findings

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

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

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

- Older people

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events; however, there was limited evidence of an auditable trail in relation to full and detailed records of who had taken action and when.

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, a patient received a medicine in error. This was recognised by a member of staff when a repeat prescription was requested. A full investigation was conducted within the practice and the relevant pharmacy to try to establish where the error had arisen. However, due to an IT problem the hand written prescription could not practicably be retrieved. The patient received and accepted an apology and did not suffer any ill effects. It was recognised that the situation could have resulted in harm and to prevent any risk of reoccurrence the prescribing policy was fully reviewed and amended to ensure improved supervision of prescriptions by a GP. The practice has also employed the services of a pharmacist to provide oversight for complex prescribing and the practice has undertaken work to educate and empower patients to challenge the issue of any medicines that they do not understand.

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.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A health care assistant was undertaking the infection control lead role including liaison with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, the cleaning schedules were limited in detail and did not specify exactly what was to be cleaned.
- 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

Are services safe?

prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, the practice was unable to produce proof of the relevant recruitment checks for the GP registrar at the time of the inspection. This evidence was located and submitted via email within 48 hours of the inspection.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. 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 maintenance of the premises was managed by NHS property services who had responsibility for conducting risk assessments 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). Evidence was provided that relevant assessments had been conducted and on-going monitoring was in place.

- 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. However, the practice recognised that demand was increasing and there was a need to proactively recruit more staff.

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 clinical rooms also had a wall fitted emergency button fitted.
- 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 comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice 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 were 99.8% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 1/4/2014 to 31/03/2015 showed:

Performance for diabetes related indicators was better than the national average.

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 92% compared to the national average of 88%.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 85% compared to the national average of 78%.

Performance for mental health related indicators was better than the national average

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a

comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 97% compared to the national average of 88%.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 100% compared to the national average of 90%

There was evidence of quality improvement including clinical audit.

- There had been 10 clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice reduced the number of patients prescribed a neuropathic analgesic which reduced the risk of dependency. The initial audit established that in 2014/2015 there were a total of 87 patients using the medicine. Following in depth reviews by the GPs with their patients, where alternative pain control was considered, the numbers were reduced to 61 in 2015/2016. This represented a reduction of 30%. In addition several of the patients still taking the medicine were able to reduce their dosage, thereby reducing the level of risk.

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

Are services effective?

(for example, treatment is effective)

to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. However, staff acknowledged that obtaining refresher training for administering vaccines was on occasion challenging due to high demand for this training. Every effort was made to ensure that this training was obtained in a timely manner but delays were experienced.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff generally had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, 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.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. The practice ensured that a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 0% to 98% compared to the CCG averages of 1% to 95% and five year olds from 89% to 100% compared to the CCG averages of 90% to 96%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 26 patient Care Quality Commission comment cards we received were positive about the care experienced. Patients said they felt the practice offered excellent care and staff were helpful, caring and treated them with dignity and respect. Five of those cards were slightly negative in relation to the new appointment system.

We spoke with four members of the patient participation group (PPG) during the inspection and two further members on the telephone post inspection. 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 comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%

- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 80% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%

The practice was aware that some of the results contained within the patient survey in relation to the nursing team, had fallen in the most recent survey. The practice had experienced some staffing and recruitment issues during that period which had placed the nursing team under pressure. The practice believed that this had led to the slight fall in performance. Those issues had been resolved and the practice was working towards improving in those areas.

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. Results were in line with local and national averages. For example:

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

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. The practice leaflet contained information on how to obtain the services on an interpreter.
- Information leaflets were available in easy read format.
- There was a hearing loop in the reception area.

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 144 patients as carers (1.33% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

The practice had a bereavement policy in place. This included face to face contact with the next of kin or appropriate family member, the sending of a condolence card and followed up 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. The practice was working with the CCG and other local stakeholders to redesign and deliver an improved policy in relation to decisions not to resuscitate at the end of life, thereby improving the quality of care to the most vulnerable of patients.
- The practice offered extended hours on a Wednesday evening until 8pm predominantly for working 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 housebound patients and patients who had clinical needs which resulted in difficulty attending the practice. They were also offered to new patients with any children under the age of five years.
- The practice offered a system whereby patients could pre-book appointments with the practice nurse. All GP appointments were released one day in advance. Patients were asked to telephone on the day and a system was in place to ensure appropriate care was delivered on that day.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately. Information on travel vaccines was provided on the practice website.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Extended hours were offered on a Monday and Wednesday, when the practice was open until 8pm. Appointments were offered from 8.30am to 12 midday every morning and 2.30pm to 5.30pm.

The practice had recently implemented a new system in relation to appointments. The aim was to meet the increasing demand for services and effectively meet the needs of their patients. All GP appointments were released one day in advance and patients were asked to telephone

on the day that they required to see or speak to a GP. This included requests for home visits. They were asked to provide a brief outline of the problem that they wished to discuss. The information was then triaged and prioritised. A GP then spoke to the patient on the telephone and assessed their need. Many matters were then dealt with without the need for a face to face appointment and those that required one would be seen the same day either at the practice or by way of a home visit as was appropriate.

To compliment the system, the practice had employed a phlebotomist on Monday and Wednesday evenings. Patients needing blood tests following their telephone consultation were seen during the next phlebotomy session. The results were processed overnight and patients seen the next day by the GP. This was proving to be very effective and had speeded up diagnosis and treatment in many cases. For example one patient consulted the GP and following telephone assessment was referred for a blood test that evening with a face to face follow up appointment the next day. The results were discussed, the patient examined and then referred to a rapid access clinic for a suspected malignancy. Another patient was referred for a blood test the same evening following a telephone consultation, again with a face to face follow up appointment the next day. The results were discussed, treatment started and a specialist referral made.

A patient survey conducted by the practice demonstrated that the vast majority of patients preferred the new system. Customer satisfaction in relation to the system was being monitored and the Patient Participation Group was actively involved in feeding back to the practice.

The practice had also published a timetable on its website indicating to patients when each GP was available, providing choice for patients to access a preferred GP.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than the national average.

- 83% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 84% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a notice in the reception area and information on the practice website informing patients how to make a complaint.

We looked at 23 complaints received during the period 23/4/2015 to 3/2/2016 and found that they were all responded to promptly and most within 24 hours of receipt. Investigations were open and transparent and where appropriate written apologies were given. Lessons were learnt from individual concerns and complaints. For example, following a prescription error, the relevant member of staff received further training and a written apology was offered to the patient concerned.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which staff were aware of and understood the values.
- The practice had a robust 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.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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. However those records were not sufficiently detailed and auditable.

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

- Staff told us the practice held regular team meetings and that meetings were minuted. However, the minutes were limited in detail and the actions and outcomes were not always clear.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted that staff attended the Clinical Commissioning Group (CCG) led training events three times per year and that they held at least two evening team building social events.
- 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. The PPG had been very active and involved in the development of the new appointment and telephone systems. Members told us that they felt

Are services well-led?

Good 

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

valued by the practice and that the practice consulted the group on new proposals for the service. Members described the relationship with the practice as a partnership which was open and honest.

- The practice had gathered feedback from staff through annual appraisals and staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management

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Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Staff were given protected learning time to maintain and enhance skills and knowledge.