

# Park Surgery

## 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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park Surgery on 11 January 2017. 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 a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were generally treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they had experienced some difficulties making appointments in advance although urgent appointments were 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 practice had a strong emphasis on continuous improvements with evidence of proactive quality improvement and the use of clinical audit, was a training practice and actively participated in research.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

# Summary of findings

- The practice had three defibrillators inside the building and one outside that could be used by the public.

We saw one area of outstanding practice:

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. Carer support groups were held regularly at the practice. The practice care coordinator role was in place to support both carers and patients who required additional support. The practice evaluated the service provided and collated feedback and 87% of 23 survey respondents reported they felt more independent in their own home as direct result of the contact they had with the care coordinator.

The areas where the provider should make improvement are:

- Continue to take action to improve patient access to appointments and the phone lines and monitor through the use of repeat patient surveys and a review of satisfaction.
- Review patient satisfaction with consultations in relation to the GP patient survey e.g. in relation to nurses explaining tests and treatments.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice at or higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were generally involved in decisions about their care and treatment.

# Summary of findings

- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- A care coordinator was in post, providing support to patients and carers when they needed it in terms of accessing services and follow up support for patients who were particularly vulnerable.
- A monthly carer support group was held at the practice.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the advanced nurse practitioner triaged patients every morning and all patients with dementia received a phone call reminder of imminent appointments.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from 52 examples reviewed 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 policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

# Summary of findings

- The provider was aware of the requirements of the duty of candour. In one example we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

# 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



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The practice had a full time care coordinator role where patients with additional needs were provided with support to access appropriate services.
- The practice cared for residents of 14 care homes, visiting weekly. This included the care of patients in step down beds from the local trust and the provision of GP support and specialised nursing care.

### 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 long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable with the local clinical commissioning group (CCG) and national averages. For example, 80% of patients with diabetes, whose

# Summary of findings

last measured total cholesterol was in a range of a healthy adult (within the last 12 months). Which was the same as the national average and slightly lower than the clinical commissioning group (CCG) of 82%.

- 94% of patients with chronic obstructive pulmonary disease (COPD) had a review undertaken including an assessment of breathlessness, which was higher than the national average of 90% and the clinical commissioning group (CCG) of 91%
- 75% of patients with asthma had an asthma review performed in the previous 12 months. This was comparable with the national average of 76% and the clinical commissioning group (CCG) of 78%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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.

- From the sample of documented examples we reviewed we found there were systems 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.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good





# Summary of findings

## 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 these populations 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 and Saturday appointments.
- 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.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances which may include homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.
- The practice employed a special needs nurse to conduct annual reviews for patients with a learning disability.

Good



## 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).

- The practice carried out advance care planning for patients living with dementia.

Good



# Summary of findings

- 78% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 90% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented, in the last 12 months, with the national average being 89% and the clinical commissioning group (CCG) of 92%
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice provided additional support for patients with dementia through a regular in-house dementia clinic and by telephoning patients to remind them about appointments.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.
- GPs provided medical input to a local mental health unit.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 225 survey forms were distributed and 115 were returned. This represented less than 0.5% of the practice's patient list.

- 87% of patients who responded described the overall experience of this GP practice as good compared with the CCG average of 88% and the national average of 85%.
- 71% of patients who responded described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.

- 83% of patients who responded said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 84% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards which were generally positive about the standard of care received. Comments included that staff were caring and helpful and always listened. Six of the 36 comment cards included some issues with getting through to the practice by phone or accessing pre-booked appointments.

We spoke with 11 patients during the inspection. All 11 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

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

- Continue to take action to improve patient access to appointments and the phone lines and monitor through the use of repeat patient surveys and a review of satisfaction.
- Review patient satisfaction with consultations in relation to the GP patient survey e.g. in relation to nurses explaining tests and treatments.

## Outstanding practice

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. Carer support groups were held regularly at the practice. The practice care coordinator role was in place to support both carers and patients who required additional support. The practice evaluated the service provided and 87% of 23 survey respondents reported they felt more independent in their own home as direct result of the contact they had with the care coordinator.

# Park Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager specialist adviser.

### Background to Park Surgery

Park Surgery is a GP practice based in Horsham in West Sussex, providing primary medical services to 24,000 patients.

The practice patient population is made up of a slightly higher than average proportion of patients over the age of 75 when compared with local and national averages. In addition there are a higher than average number of patients under the age of 18. A higher proportion of patients have a long standing health condition and there is a slightly higher number of patients in paid work or full time education.

The practice holds a General Medical Service contract and is part of NHS Horsham and Mid Sussex Clinical Commissioning Group. The practice consists of 12 whole time equivalent GP partners (male and female), five salaried GPs and three GP registrars. The GPs are supported by a practice manager, an advanced nurse practitioner, seven practice nurses, two healthcare assistant, two phlebotomists and an administrative team. A wide range of services and clinics are offered by the practice including asthma and diabetes.

The practice is accessible to patients with mobility issues, as well as parents with children and babies.

The practice is open between 8am to 6.30pm on Monday to Friday. Extended hours appointments are available until 8pm on a Monday evening and between 8.30am and 1pm on a Saturday. The practice was open from 7.30 am three mornings a week. In addition, appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice has opted out of providing Out of Hours services to their patients. There are arrangements for patients to access care from an Out of Hours provider (IC24).

The practice undertakes research and is a training practice for GP registrars and medical students.

Services are provided from:

The Park Surgery, Horsham, West Sussex, RH12 1BG.

### Why we carried out this inspection

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

### How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 January 2017. During our visit we:

# Detailed findings

- Spoke with a range of staff (GPs, nurses, practice management, reception and administrative) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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 living with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system 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).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an emergency incident where a patient became unwell had been reviewed in terms of how staff responded and any issues identified. As a result of concerns about manual handling risks during this situation, specific equipment had been purchased to mitigate the risk.
- Weekly significant event/patient safety meetings were held with representatives from each department within the practice in attendance.
- The practice also monitored trends in significant events and evaluated any action taken.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. From the sample of one documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.
- 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. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads

## Are services safe?

were securely stored and there were systems to monitor their use. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. 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 and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other 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).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were two emergency trollies on the premises containing defibrillators and oxygen. Staff were trained to react to emergencies within the premises and in the surrounding area such as the car park and Horsham Park. Two staff members were trained to provide advanced life support training for clinical and non-clinical staff and had also provided training for patients and staff from other practices.
- The practice had three defibrillators available on the premises (one on each floor and one outside in the car park) and oxygen with adult and children's masks. A first aid kit and accident book was 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 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

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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.
- The practice created templates for use within the practice based on NICE guidance. For example, we viewed a template on sepsis that incorporated guidance from NICE and the UK Sepsis Trust. The template provided a framework for GPs and triage nurses to undertake a full examination.

### 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 99.6% of the total number of points available compared with the clinical commissioning group (CCG) average of 98.7% and national average of 95.3%.

The practice had an overall exception rate of 7%. This was around average when compared with the national average rate of 6% and local clinical commissioning group average of 6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was comparable with the local clinical commissioning group and national averages. For example, 80% of patients with diabetes, had their last blood pressure reading

(measured in the last 12 months) at 140/80 mmHg or less, which was comparable with the national average of 76% and the clinical commissioning group (CCG) average of 78%.

- 84% of patients with hypertension had regular blood pressure tests, which was comparable to the CCG average and the national average of 83%.
- Performance for mental health related indicators were comparable to the national average. For example, 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of agreed care plan, compared to the national average of 89% and the CCG average of 92%.

There was evidence of quality improvement including clinical audit:

- The practice had sent three examples of clinical audits commenced in the last two years, all of these were completed audits (or where repeat audit cycles were planned) where the improvements made were implemented and monitored. In addition we viewed examples of single cycle audits and on-going repeat cycle audits of 12 medicines in use within the practice and nursing staff participated in wound care audits.
- Findings were used by the practice to improve services. For example, recent action taken as a result included GPs receiving regular reports on their antibiotic prescribing. There was evidence of a reduction in antibiotic prescribing over time.

Information about patients' outcomes was used to make improvements such as identifying areas of educational need and conducting practice education sessions with visiting clinicians relevant to the areas identified.

The practice had a research team of GPs, nurses and other staff, undertaking up to two or three research projects every year. They had received commendation for their contribution to research, including by the National Institute for Health research for their delivery of research.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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.



# Are services effective?

## (for example, treatment is effective)

- 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 such as diabetes and asthma.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months. This included group appraisals for teams where team objectives were identified and performance appraised. Staff we spoke with felt that this was a good addition to the support structures in place within the practice. Nursing staff attended six weekly clinical supervision sessions and regularly engage with other nurses outside of the practice, for example through a regular diabetes meeting run by one of Park Surgery's nurses.
- 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.
- Park Surgery is a GP training practice for registrars and medical students. In addition, the practice had joined with other local practices for joint staff training in a number of areas

### 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.

- From the documented examples we reviewed we found that 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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. 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.

A care coordinator was in post who would contact patients identified as vulnerable and part of the practice's preventing unplanned admissions register on discharge from hospital. Patients could then either be given an appointment with a GP or nurse or visited by the care coordinator as appropriate.

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. Monthly palliative care meetings are held with representatives from the local hospice and community team. Patients at the end of life and their families were given contact numbers they could use to get hold of the practice quickly, this included being given mobile phone numbers so they could contact the GPs directly.

### Consent to care and treatment

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

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

# Are services effective?

(for example, treatment is effective)

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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 and general health and wellbeing.
- Smoking cessation and dietary advice was available from the practice with onwards referral to specialists as appropriate.

The practice's uptake for the cervical screening programme was 80%, which was comparable with the CCG average of 84% and the national average of 81%. Bowel cancer screening rates in the last 30 months for those patients aged between 60 and 69 years of age was at 61% which was comparable with the clinical commissioning group (CCG) average of 63% and the national average of 58%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 99% to 72% and five year olds from 93% to 92%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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.

The practice ran an in-house cardiology clinic where the GP leading on this also worked closely at a local NHS trust with one of the cardiology consultants.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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.
- Patients could be treated by a clinician of the same sex.

All of the 36 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 11 patients including five members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments 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 similar to CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 88% of patients who responded said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 93% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 92%.

- 88% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 92% of who responded patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 90% of patients who responded said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 91% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 95% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 91% and the national average of 87%.

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

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

Children and young patients were treated in an age-appropriate way and recognised as individuals. Add examples.

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:

- 88% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.

## Are services caring?

- 82% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 84% and the national average of 82%.
- 84% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 86% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 86% and the national average of 85%

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff that might be able to support them.
- Information leaflets were available in easy read format.

### **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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 281 patients as carers (1.2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Carer support groups were held regularly at the practice. Older carers were offered timely and appropriate support including access to relevant immunisations and support to access services.

A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. The practice care coordinator role was in place to support both carers and patients who required additional support. This role was a full time post that provided coordination of specific support clinics such as carer health clinics and dementia support clinics. Individual patient support was available to those patients identified as being vulnerable or in need. For example, on the day of inspection the care coordinator worked with a domiciliary care agency and the proactive care team within the CCG to coordinate care for a patient who had limited funds to access a food bank donation. The practice evaluated the service provided and collated feedback and 87% of 23 survey respondents reported they felt more independent in their own home as direct result of the contact they had with the care coordinator.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday evening until 8pm for working patients who could not attend during normal opening hours. They also provided a Saturday morning service between 8.30am and 1pm.
- There were longer appointments available for patients with a learning disability and other patients who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and on-going conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available. Services were operating across two floors with lift access throughout.
- The practice operated an acute assessment unit for patients with acute illness or exacerbation that was staffed by GPs and the advanced nurse practitioner.
- The advanced nurse practitioner triaged patients every morning and all patients with dementia received a phone call reminder of imminent appointments.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday with extended hours on a Monday until 8pm. Extended hours appointments also included every

Saturday 8.30am to 1pm. The practice was also open from 7.30am three mornings a week. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 70% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 54% of patients who responded said they could get through easily to the practice by phone compared to the national average of 73%.
- 73% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 82% and the national average of 76%.
- 93% of patients who responded said their last appointment was convenient compared with the CCG average of 92% and the national average of 92%.
- 71% of patients who responded described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.
- 45% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. However, three out of 11 patients cited some difficulties getting through to the practice by phone or accessing appointments. Six of the 36 comment cards also cited some difficulties getting appointments or getting through to the practice by phone. The practice had identified issues with patients accessing appointments. They had identified contributing factors including increasing patient numbers and staffing. Specific action taken included temporarily closing the patient list to manage increasing patient numbers and increases to clinical staffing.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

# Are services responsive to people's needs?

(for example, to feedback?)

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

## Listening and learning from concerns and complaints

The practice had a system 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.

The practice had received 52 complaints in the last 12 months. We reviewed complaints and found that these were satisfactorily handled with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a complaint about a patient who had experienced a gastric bleed following a review by one of the GPs was discussed at a staff meeting and the timeline of treatment and care was reviewed. In addition the GPs wrote to the surgeons to request their view of the care given by the practice and whether or not more could have been done to prevent the bleed.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear 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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, GPs had areas of special interest such as diabetes, safeguarding, training, asthma and chronic obstructive pulmonary disease, sports injuries and dementia. Nurses took lead roles in specific areas of long term condition management.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, in relation to fire and water safety and the environment.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### 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 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. From the sample of one documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings and we viewed minutes of these meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners and manager 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 and staff. It proactively sought feedback from:

# Are services well-led?

Good 

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

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they had been involved in reviewing car parking arrangements for patients.
- the NHS Friends and Family test, complaints and compliments received
- staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was a training practice for GP registrars and medical students with three GP trainers and provided mock physical examination assessments for registrars. The practice also worked with other local practices to provide in-house training in areas such as information governance, mental health awareness and managing complaints for receptionists. The practice was involved in research and had been commended by the Royal College of General Practitioners and the Clinical Research Network.