

# The Park Medical Centre

## 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?		Requires improvement	
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 The Park Medical Centre on 12 October 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- 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.

- The practice had good facilities and was well equipped to treat patients and meet their needs. 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.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from patients, which it acted on. The practice had patient participation group which supported practice development.
- The provider was aware of and complied with the requirements of the duty of candour.
  - There was a strong team culture and the practice was cohesive and organised.

There were improvements the provider should make:

- The practice should record the actions that they have taken in response to safety alerts

# Summary of findings

- The practice should improve the process of clinical audit to continually improve patient care.
- The practice should continue to implement processes to monitor and improve the higher than average exception rates for QOF performance indicators

- The practice should take action to address the lower than average ratings in the national GP survey to improve access to the service

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice. When 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.
- Annual infection control audits were undertaken, the most recent audit achieved a 100% compliance rate with recognised guidance. The infection control lead also completed monthly checks.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff members throughout the practice had lead roles across a range of areas and were committed to working collaboratively. Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey published July 2016 showed the practice was comparable to 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.

# Summary of findings

- Information for patients about the services available was easy to understand and accessible. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- Data from the national GP patient survey showed the practice was below others locally and nationally in relation access to the service. Some patients we spoke with also commented about problems accessing appointments.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG).
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- The practice offered a range of clinical services which included care for long term conditions.

**Requires improvement**



## Are services well-led?

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

- The practice had a clear vision with quality and safety as its priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- 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.
- High standards were promoted and owned by all practice staff who worked well as a team across all roles. The partners encouraged a culture of openness and honesty.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.

**Good**



# Summary of findings

- The practice gathered feedback from patients, and engaged with patient participation group (PPG) which influenced practice development.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- Practice staff were well supported in their professional development. The practice was a training practice for qualified doctors training to be a GP.

# 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, a direct phone line to the practice and urgent appointments for those with enhanced needs, and vaccinations appropriate for this age group were available.
- All patients over the age of 75 years old that were admitted to hospital were seen within seven days following discharge and their medication reviewed within 48 hours.
- The practice was accessible to patients with mobility difficulties.
- The practice regularly met as part of a multi-disciplinary team to discuss and review the care of those with end of life care needs.

### People with long term conditions

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

Good



- GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. 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.
- Performance for diabetes related indicators was 90% which was the same as the CCG and national average
- The practice co-ordinate reviews of patients with multiple chronic conditions to improve attendance and access

### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Baby changing and breast feeding facilities were provided at the practice.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

The practice is rated as requires improvement 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 For example extended hours were provided.
- National patient survey data indicated that patient satisfaction in relation to access was below local and national averages in relation to the practice opening hours and telephone access. These issues would affect patients of working age.
- The practice was proactive in offering extended opening hours and online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice's uptake for the cervical screening programme was 98%, compared to the CCG average of 78% and the national average of 81%. However, exception rates were 34% compared to the CCG average of 8% and the national average of 6%. The practice were taking some steps to try and improve awareness.
- National cancer intelligence data 2014/15 indicated that the breast cancer screening rates for 50 to 70 year olds was 66% compared to the CCG average of 68% and the national average of 72% to the national average of 72%. Bowel cancer screening rates for 60 to 69 year olds was 41% compared to the CCG average of 50% and a national average of 57%.

Requires improvement





# Summary of findings

## 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



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

Good



- Performance for mental health related indicators was 100% compare to the CCG average of 92% and a national average of 93%. Exception reporting was at 25% compared to the CCG average of 10% and a national average of 11%. There was a mental health clinic near to the practice, therefore the majority of patients attended this clinic for reviews. The clinic provided details to the practice on the management of the patients care and any changes to medications.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Performance for patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 87% compared to the CCG average of 82% and a national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing in line with local and national averages. 368 survey forms were distributed and 89 were returned. This represented 24% of the practice's patient list.

- 35% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and the national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 85%.
- 83% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.
- 65% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were all consistently positive about the standard of care received. However two patients commented on the lack of access to appointments via the telephone. Patients described the service as being of high standards and staff as polite and friendly. They told us that they were treated with dignity and respect by all staff. We saw examples where staff treated patients with compassion.

We spoke with four patients during the inspection, including a member of the patient participation group (PPG). All the patients were positive about the care they received, they told us that they were able to obtain appointments when they needed one and that staff were polite, caring and helpful. They also mentioned that the appointment system had been changed to allow better access but some patients were still getting used to the system. The practice had implemented an online booking system, however the majority of patients did not use this despite many initiatives to encourage its use.

## Areas for improvement

### Action the service SHOULD take to improve

- The practice should record the actions that they have taken in response to safety alerts
- The practice should improve the process of clinical audit to continually improve patient care.

- The practice should continue to implement processes to monitor and improve the higher than average exception rates for QOF performance indicators
- The practice should take action to address the lower than average ratings in the national GP survey and improve access to the service

# The Park Medical Centre

## 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.

## Background to The Park Medical Centre

The Park Medical Centre is part of the NHS Birmingham Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

The practice is registered with the Care Quality Commission to provide primary medical services. The practice has a general medical service (GMS) contract with NHS England. Under this contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice is located in Birmingham with a list size of approximately 8,500 patients. The premises have been extended to improve facilities for patients, including disabled access and a lift.

Information published by Public Health England rates the level of deprivation within the practice population group as one, on a scale of one to ten, with level one representing the highest level of deprivation. Compared to the national average the practice had a higher proportion of patients between 0 and 19 and lower proportion of patients over 50

years of age. The practice provides services to patients from any different religious, ethnic and cultural backgrounds. The patient population is constantly changing because of the young age group.

Practice staff consist of three partners (male), four salaried GPs (two male and two female), two practice nurses, one advanced nurse practitioner, one health care assistant, a practice manager and a team of administrative staff. The practice is a training practice for qualified doctors training to become GPs.

The practice is open between 8.30am and 18.30pm Mondays, Tuesdays, and Fridays. Between 8.30am and 20.00pm Wednesdays and 8.30am and 13.00pm Thursdays. Appointments were from 8.30am and 12.00pm, and 15.00pm and 17.00pm Mondays, Tuesdays, and Fridays. Between 8.30am and 12.00pm, 15.00pm and 17.00pm and 18.30pm and 20.00pm Wednesdays and 8.30am and 12.00pm Thursdays. When the practice is closed the out of hours provision is provided by Badger.

## 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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 October 2016. During our visit we spoke with a range of staff including the GP partners, nurses, administrative staff and senior management staff. We spoke with patients who used the service including a member of the patient participation group (PPG). We reviewed comment cards where patients and members of the public shared their views and experiences of the service

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

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

- Is it well-led?

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events. The practice had an incident reporting book which was used to report events. Staff told us they would inform the practice manager or the GPs of any incidents. Staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses.

We saw evidence that incident discussion was a standing item on the agenda for clinical and practice meetings and that specific actions were applied along with learning outcomes to improve safety in the practice. For example, a hospital had requested an investigation to be completed after 12 months following discharge. This request was entered onto the system however it was noted by one of the GPs that this task had been overridden by another follow up appointment being added for a different reason. On review it was identified that the system would only allow one follow up to be added and would override the original request. The template was reviewed immediately and the investigation arranged for the patient in a timely manner.

We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, 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.

All the GPs received medical alerts via email and could demonstrate knowledge of recent alerts received. Although all the clinical staff spoken with could explain the process in detail, we saw evidence of recent searches and action taken to contact patients following a recent alert. However the practice did not have a documented summary of actions taken for all alerts received.

### 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 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.

- One of the GPs was the lead 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 and the practice nurses 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).
- We observed the premises to be visibly clean and tidy. We saw cleaning records and completed cleaning specifications within the practice.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.
- One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, the most recent audit achieved a 100% compliance rate with recognised guidance. The infection control lead also completed monthly checks.
- 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). The vaccination fridges were well ventilated and secure, records demonstrated that fridge temperatures were monitored and managed in line with guidance by Public Health England.
- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure

## Are services safe?

their medicines remained relevant to their health needs and kept patients safe. Prescription stationery was securely stored and there were systems in place to monitor the 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 direction from a prescriber.
- We reviewed the process for the prescribing of high risk medicines and checked a random sample which indicated that the monitoring and follow up was appropriately managed.
- We reviewed five personnel files and found that 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.

### Monitoring risks to patients

Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.

The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises

such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents. There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book 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 in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The plan was kept both on site and off site.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice had systems in place to keep all clinical staff up to date with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. NICE guidance was discussed at the weekly clinical meetings.

### 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 98% of the total number of points available, compared to the CCG average of 93% and a national average of 94%. Exception reporting was at 17% compared to the CCG and national average of 9%. 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. The practice acknowledged that the exception reporting was high and they had a process to contact patients three times. The patients would then not be contacted for another year, unless they attended the practice for other concerns and they were then opportunistically reviewed.

Data from 2014/15 showed:

- Performance for diabetes related indicators was 90% which was the same as the CCG and national average.
- Performance for mental health related indicators was 100% compare to the CCG average of 92% and a national average of 93%. Exception reporting was at 25% compared to the CCG average of 10% and a national average of 11%.

There was a mental health clinic near to the practice, therefore the majority of patients attended this clinic for reviews. The clinic provided details to the practice on the management of the patients care and any changes to medications.

The practice worked with pharmacists who provided support to the practice as part of a CCG scheme. The aim of the scheme was to enable all practices in the CCG area to have pharmacy support to ensure safe and appropriate prescribing of medications. We saw evidence that the practice antibiotic prescribing was in line with the CCG target.

There were systems in place to review and recall patients with long term conditions such as asthma, chronic obstructive pulmonary disease (COPD) and diabetes. The practice co-ordinated reviews of patients with multiple chronic conditions to improve attendance and

There was evidence of quality improvement including clinical audit. There had been four clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example, the practice reviewed the records of 69 children aged between 2 and 19 years that potentially should have been referred to a weight management programme. The audit identified that although diet and lifestyle was discussed, no patient had been referred to a weight management programme. Following implementation of recommendations, to assess weight and height during clinical encounters such as asthma reviews and the development of a simple template to record data, discussions undertaken during clinical reviews had increased and three children had been referred to a weight management programme.

### 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. The practice could demonstrate how they ensured role-specific training and updating for relevant staff such as for those reviewing patients with long-term conditions. We saw records of training for all staff based on their roles.

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.



# Are services effective?

## (for example, treatment is effective)

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. Nurses we spoke to told us they had access to the GPs to discuss for example their complex diabetes patients. Staff also told us they received protected learning time to undertake training. The practice had a training and development policy which laid out the process for staff to request study leave to ensure staff were competent. Staff informed us that the practice were proactive in providing training and the practice manager would send them information about training courses that may be beneficial to them.

### 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 six to eight weekly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice held weekly clinical and practice meetings, and six weekly multidisciplinary palliative care and safeguarding meetings.

### 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.

### 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, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice operated specialist clinics to review and monitor patients with specific long term conditions such as diabetes, heart failure and respiratory conditions. Patients we spoke with confirmed they received regular reviews of their condition.

The practice's uptake for the cervical screening programme was 98%, compared to the CCG average of 78% and the national average of 81%. Exception rates were 34% compared to the CCG average of 8% and the national average of 6%. The practice explained that due to the high ethnic and cultural diversity of the population group many of the patients had signed disclaimers for this procedure. However the practice had implemented initiatives to encourage patients to access services, for example the practice ran a community education day and the practice nurses provide education for patients to try and improve compliance. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. National cancer intelligence data 2014/15 indicated that the breast cancer screening rates for 50 to 70 year olds was 66% compared to the CCG average of 68% and the national average of 72% to the national average of 72%. Bowel cancer screening rates for 60 to 69 year olds was 41% compared to the CCG average of 50% and a national average of 57%.

Childhood immunisation rates for the vaccinations given were comparable to the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90%



## Are services effective?

(for example, treatment is effective)

to 92% compared to the CCG average of 89% to 94% and the national average of 73% to 93% and five year olds from 90% to 97% compared to the CCG average of 83% to 96% and the national average of 81% to 95%.

Shingle and flu vaccines were offered to patients over the age of 65 years and the uptake for flu vaccines was 72%. .

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 staff members who were courteous and very helpful to patients and treated them with dignity and respect at the reception desk. Staffs at all levels were approachable and courteous to patients for example, including the security, reception staff and clinical staff.

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 31 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 four patients including one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. They stated that staff were caring, listened to their needs and always responded.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 97% 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%

- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and a national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and a national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%

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

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

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and a national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and a national average of 85%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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

## Are services caring?

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 a large proportion of younger

patients than the national; average and had identified 39 patients as carers 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice joined with two local surgeries, as a CCG initiative to provide extra appointments to cope with the demand of the winter pressures.

- The practice calculated the emergency hospital admission risks for all over 75 year olds and they were rated red, amber, green (RAG). All admissions were seen within seven days and discharge medicines were reviewed within 48 hours.
- The practice provided diabetes education sessions in Urdu and provided leaflets in other languages around the time of Ramadan.
- The practice offered Tuberculosis screening to 753 patients, 29 were tested and three new cases were identified since August 2016. The practice now routinely screens all new patients
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- As part of the anticoagulation monitoring the phlebotomist also visited patients at home, and the practice referred patients with complex needs to the community matron.
- Same day appointments were available for children.
- Patients were able to receive travel vaccinations and routine immunisations.
- One GP was available for on the day appointments and the practice offered a triage system, if patients needed to be seen they were invited to attend the practice for a face to face consultation.
- There were disabled facilities and a lift and patients using a wheel chair could access the practice. For patients who did not speak English, a translations service was available.

- Staff were aware they could use the practice address to register homeless people if they needed medical attention. We were told this was recommended by the CCG and all staff had been informed.

### Access to the service

The practice was open between 8.30am and 18.30pm Mondays, Tuesdays, and Fridays. Between 8.30am and 20.00pm Wednesdays and 8.30am and 13.00pm Thursdays. Appointments were from 8.30am and 12.00pm, and 15.00pm and 17.00pm Mondays, Tuesdays, and Fridays. Between 8.30am and 12.00pm, 15.00pm and 17.00pm and 18.30pm and 20.00pm Wednesdays and 8.30am and 12.00pm Thursdays. When the practice was closed the out of hours provision was provided by Badger.

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

- 62% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and a national average of 76%.
- 35% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and a national average of 73%.

The practice in-house survey and patients spoken to on the day did not reflect the views of the national survey. The majority of the 31 CQC comment cards were positive, however two patients commented on the lack of access to appointments via the telephone.

The practice had taken action to improve the results, they had introduced additional phone lines, an online booking system and telephone triage. Most patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice identified that a substantial number of patients did not attend (DNA) for their appointments and this exacerbated the problem of patients accessing care and treatment. An audit of DNAs identified there were approximately 300 a month. The practice initiated a recall process, using text messaging and letters as reminders. The practice displayed notices in the waiting area informing patients of the DNA figures, which were gradually decreasing.

The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the

# Are services responsive to people's needs?

(for example, to feedback?)

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

## **Listening and learning from concerns and complaints**

The practice had a 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, their role was to ensure compliance to the policy and to ensure actions were implemented in light of learning from a complaint.

The practice had received seven complaints in the last 12 months and we found that these were actioned satisfactorily and lessons were learned and shared within the practice to improve the quality of care. For example, a patient was concerned that a referral to the hospital had not been processed. The GP discussed this with the patient as further investigations were required prior to referral however the patient had not attended the surgery for these investigations. The investigations were completed and the patient was referred. We saw that information was available to help patients understand the complaints and system and posters were displayed in the waiting area.

# 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 patient care, and promote good outcomes for patients. The staff we spoke to talked about patients being their main priority. The practice had a strategy and business plan for 2016/17. This set out the aims for service development and on going initiatives. For example, to improve and encourage online access, and continue with the refurbishment of the building.

### 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, with key members of staff to lead on specialist clinical areas. For example, there were lead GPs for safeguarding, chronic disease, asthma, chronic obstructive airway disease (COPD) and diabetes. The practice's nurses also had specialist roles, for example, diabetes, family planning and infection control.

A comprehensive understanding of the performance of the practice was maintained, for example, hospital admissions and accident and emergency attendances. Although QOF exception rates were high the practice were aware of these and had processes in place to contact patients to attend for reviews. The practice worked with the local mental health clinic to manage patients care. There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

The practice was a teaching practice and provided a comprehensive induction programme and training for registrars.

The number of audits completed by the practice was small, the practice should consider undertaking more audits to support the monitoring of improvements and shared learning.

### 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. The practice was able to demonstrate that they provided safe, quality and compassionate care. Staff told us the partners were approachable and took the time to listen to them. The practice was well organised and information was well documented.

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). 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 people received reasonable support, truthful information and an apology.

There was a clear leadership structure in place and staff felt supported by management. Staff told us the practice held regular practice meetings. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at practice meetings and felt confident and supported in doing so. Staff said they felt respected, valued and supported, by the partners and senior staff in the practice. For example, staff had been involved in discussions about the changes to the appointment system. We found the practice to be well organised.

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

The practice encouraged and valued feedback from patients and the public. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had a patient participation group (PPG) which met quarterly, there were eight members in the group and two GPs and the practice manager attended the meetings. We spoke with a member of the PPG who told us that they were able to provide feedback on the new appointment system as well as other issues. We saw information about the group had been displayed in the reception to inform and encourage patients to attend. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and they felt involved and engaged to improve how the practice was run.