Park Green 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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park Green Surgery on 20 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour. The duty of candour is a regulation that requires providers to be open and transparent in their communication with patients about errors, mistakes and incidents.
- Processes to monitor and audit how staff acted on safeguarding alerts were robust and embedded into practice, with dedicated and consistent multidisciplinary input.

The areas where the provider should make improvements are:

Summary of findings

- Make the complaints process more visible and accessible in patient areas.
- Ensure the patient participation group is made available to all patients.

We saw areas of outstanding practice:

- The practice used patient feedback to make the service more accessible, such as training new doctors in the use of the hearing loop system and training staff in deafness awareness.
- Staff worked proactively within innovative local partnerships to provide an extensive range of additional services to people with specific needs, including patients recovering from drug abuse and young people who needed sexual health services. This meant vulnerable patients with complex needs had rapid access to care and treatment and helped to reduce pressure on other services.
- The practice sought accreditation of national bodies to benchmark and improve practice, such as the Customer Service Excellence award and Investors in People status. Staff used their learning from the accreditation process to improve patient service and care at all points of contact, such as reception and in clinical areas.

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?

Good

The practice is rated as good for providing safe services.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

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

Are services caring?

Good

The practice is rated as good for providing caring services.

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

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

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

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A dedicated GP provided care and ward rounds in a residential home.
- GPs conducted anticaptory ward rounds for patients with behavioural and psychological symptoms of dementia to improve care interventions.
- The practice was working actively towards achieving the Gold Standards Framework for end of life care.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Some clinical staff had specialist qualifications that enabled them to provide clinics for conditions such as asthma and diabetes.
- 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.
- A GP prescription and medicines lead was in post who worked closely with the medicines management team to monitor prescribing.
- A monthly multidisciplinary team meeting took place with the palliative care team that complemented an active programme of case management.

Families, children and young people

Good

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

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.
- A child safeguarding lead GP was in post and had established significant safety systems to ensure children were protected from harm.
- Sick children would always be seen in an emergency appointment.
- Children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. This included the use of appropriate consent protocols when discussing sexual health with teenagers.
- 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.
- A range of contraceptive services were available, including coil fitting and removal.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students).

- NHS health checks were offered for all new patients and those aged 40 – 75 years of age.
- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Appointments could be booked online and text message appointment reminders were available.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Summary of findings

- The practice offered longer appointments for patients with a learning disability and used an active recall system to ensure attendance. This included calling patients or their nominated carer to remind them about appointments.
- All patients with a learning disability had a named GP.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. The practice nurse conducted outreach visits to day centres.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- All staff had deafness awareness training and two receptionists were fluent in British Sign Language.

People experiencing poor mental health (including people with dementia)

Good

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

- 90% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- GPs conducted weekly 'ward rounds' in care homes to provide support for patients with dementia and mental health needs.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- A nurse and a receptionist were in post as carers links, to provide one-to-one guidance to carers.
- Counsellors were available in the practice and were available for rapid or crisis referrals.

Summary of findings

- An active recall system was in place for patients with a severe and enduring mental illness.
- The practice operated a shared care clinic for patients with opiate dependence.

Summary of findings

What people who use the service say

Results from the national GP patient survey published in January 2016 showed the practice was performing in line with local and national averages. 279 survey forms were distributed and 116 were returned. This represented 1% of the practice's patient list.

- 81% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 86% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were all positive about the standard of care received. Patients said they valued the personalised care provided and said they placed a high level of trust on staff. The wait to get an appointment with a named GP was the most common area for improvement; mentioned in four comment cards.

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

- Make the complaints process more visible and accessible in patient areas.
- Ensure the patient participation group is made available to all patients.

Outstanding practice

- The practice used patient feedback to make the service more accessible, such as training new doctors in the use of the hearing loop system and training staff in deafness awareness.
- Staff worked proactively within innovative local partnerships to provide an extensive range of additional services to people with specific needs, including patients recovering from drug abuse and young people who needed sexual health services. This meant vulnerable patients with complex needs had rapid access to care and treatment and helped to reduce pressure on other services.
- The practice sought accreditation of national bodies to benchmark and improve practice, such as the Customer Service Excellence award and Investors in People status. Staff used their learning from the accreditation process to improve patient service and care at all points of contact, such as reception and in clinical areas.

Park Green 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 and an Expert by Experience.

Background to Park Green Surgery

The practice delivers commissioned services under the Personal Medical Services (PMS) contract. Nine GPs, a practice nurse, two nurse prescribers and a healthcare assistant provide clinical care. There is a mix of male and female GPs and each individual leads in areas of special clinical interest, such as menopause, dermatology and men's health. A practice manager leads a team of secretaries and receptionists and there is dedicated IT support.

The practice is a training practice and a registrar as well as trainee doctors are supported to provide supervised clinics. The practice delivers scheduled clinical education sessions to other clinical staff in the Clinical Commissioning Group area. The practice offers a minor surgery service.

The practice is situated in a purpose-built building that is shared with other healthcare providers, including other GP practices and a pharmacy. There is an attached car park with lift access to every floor of the building.

Appointments are from 8am to 6.30pm Monday to Friday. Outside of these hours, patients have access to an urgent medical care centre, which is open 24 hours, seven days a week. The practice offers online booking and text message reminders.

The practice serves a list of 11,119 patients in an area of very low deprivation.

Fifty six per cent of patients are of working age, compared to the England average of 67%. The practice has a higher number of patients with a long-standing health conditiont (59%) compared with a national average (54%).

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 20 May 2016.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- Reviewed comment cards where patients 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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they felt confident to report incidents using the electronic incident reporting 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.
- A GP acted as the medicines management lead and conducted investigations into significant events involving medication errors.
- A GP presented the investigation and learning from a signficiant event each month during a practice meeting. Outcomes were also discussed with staff during their professional development meetings.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident and received reasonable support and truthful information. Patients received 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 significant events, which was shared with all staff. For example, a new policy for home visits and telephone consultations was implemented following an incident of a patient refusing an appointment to check on a fracture. Another incident had involved a GP being threatened by a violent patient. This resulted in a review of the practice's security systems.
- Where the investigation of a significant event involved another healthcare provider, learning was shared. For example, after a patient was discharged from hospital without receiving after care information, a significant event occurred. The practice investigation was shared with the hospital, who implemented a more detailed information system for patients on discharge.

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:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a separate lead member of staff for safeguarding adults and safeguarding children. The GPs attended safeguarding meetings and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection and child safeguarding level 3.
- Staff demonstrated an awareness of the principles of safeguarding, such as the rapid involvement of police and social services when they suspected a child to be at risk of abuse. The child safeguarding lead had specialist knowledge of the risks associated with vulnerable young people, such as patients who presented with evidence of self-harm and abuse that occurred on social media.
- A dedicated member of staff monitored the e-mail address used to receive safeguarding alerts on a daily basis. This meant relevant clinical staff were alerted to safeguarding concerns quickly. Where a concern was received, a GP conducted a review of their known relatives to help identify risks of neglect and abuse. An audit of this process was conducted every two to four weeks to ensure it worked efficiently.
- Patients who did not attend for appointments regularly were reviewed by a safeguarding lead GP to help identify risks.
- The IT manager had developed an effective system to flag safeguarding alerts on patient records and ensured the responsible GP received this.
- Safeguarding leads met monthly with the health visitor to discuss the needs of each patient on the child protection register.
- 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.

Good

Are services safe?

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse 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.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy and medicines management teams, to ensure prescribing was in line with best practice guidelines. A GP partner was the practice and CCG lead for prescribing. This member of staff attended weekly medicine management team meetings to ensure the practice contributed to the development of policies.
- Two of the nurses had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. 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.
- Emergency medicine was carried by doctors for home visits and a practice nurse checked these regularly.
- Learning from incidents relating to medicines showed us the practice had a consistent focus on safety. For example, when the dose of a medication changed, a GP called the patient to discuss this individually before the new doseage began.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients 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.
- Four staff had received training as fire wardens. This meant they were trained to lead an evacuation of the practice and to work with other fire wardens in the building to coordinate a rapid evacuation of all areas. The practice conducted monthly fire safety checks of the environment and audited these with the building operator.
- An unannounced evacuation of the building was conducted four times each year. The fire service provided structured feedback to staff on their actions and performance to help them maintain or improve emergency response standards
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- The practice shared a building with other GP services.. There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to an emergency. A duty doctor was on shift at all times the building was open. This individual responded to emergency calls anywhere in the building, including in this practice. Each floor of the building had an anaphylaxis kit, defibrillator and oxygen with adult and children's masks available. A first aid kit and accident book was available and the location of

Good

Are services safe?

each item was displayed on notices in all clinical and patient areas. A named member of staff was responsible for checking and documenting each item of emergency equipment on a daily basis.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room. All the medicines we checked were in date and stored securely.
- A disaster management plan was in place and staff were knowledgeable in this. A secondary power supply was in place, which meant IT systems would still be available in the event of a power failure. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- A lead GP was in place who was responsible for disseminating updated and new NICE guidance through teaching sessions.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. This included an audit of death certificates to ensure best practice compliance and accuracy.
- GPs worked closely with care coordinators from the CCG who called each patient who had been admitted to hospital unexpectedly. This enabled staff to try and avoid unnecessary admissions by working with patients to manage concerns and problems through an enhanced services scheme.

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 (2014-2015) were 100% of the total number of points available. Exception reporting was signiticantly higher than the national average in five clinical domains; coronary heart disease, peripheral arterial disease, chronic obstructive pulmonary disease, chronic kidney disease and mental health. Exception reporting was significantly lower than the national average in three clinical domains; osteoporosis, depression and cancer. 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 manager used a recall system to contact patients if they did not attend a review meeting to ensure exception data was accurate. Where patients did not respond to two attempts at contact, a GP tried a different method of communication to try and reach them.

This practice was not an outlier for any QOF clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to or better than the national average. For example, between April 2014 and March 2015, 92% of patients with diabetes had a foot examination and risk classification, compared to the England average of 88%.
- Performance for mental health related indicators was better than the national average. For example, between April 2014 and March 2015, 97% of patients with schizophrenia, bipolar affective disorder or other pyshcoses had a comprehensive care plan compared with the England average of 88%.
- The practice manager and practice nurses reviewed performance in all areas of QOF and each GP partner had a designated area of QOF to manage.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last year and all were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. This included the use of guidance from the Medicines and Healthcare products Regulatory Agency to audit patients with specific conditions who were at risk of interactions from a combination of their medication.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the reduction of prescribing certain drugs to patients with gout, to reduce side effects.
- The practice worked with community care coordinators to monitor admissions to accident and emergency (A&E), which was used to identify how the practice could better support patient needs. This was a proactive process and staff worked closely with a data analyst at the CCG to identify patients who frequently attended

Good

Are services effective?

(for example, treatment is effective)

A&E and those who attended when the GP practice was open. This data was used to speak with patients and support them in accessing the most appropriate service for their needs.
- A process was in place to manage patients who did not attend booked appointments. This included a follow-up and the involvement of safeguarding staff and services were appropriate.
- The practice performed comparably to the national average in prescribing indicators and comparatively low in the prescribing of antiobiotics.
- A GP conducted regular audits of the prescribing of antipsychotic drugs to patients with dementia. This helped to reduce overprescribing of drugs and ensured each patient's prescription met their needs.
- All patients who had a lesion removed by minor surgery had a histology investigation and staff proactively followed this up with them.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice organised learning sessions for all of the clinical providers in the building through regular protected-time education sessions. Trainee doctors received a half day of protected education time each week. This was part of a culture of learning and development embedded into the work of each member of staff in the practice. For example, new staff were able to join diabetes and substance misuse clinics to support their learning.
- Up to the time of our inspection, the practice had demonstrated a 100% success rate for trainee GPs. This meant all GPs who had been trained in the practice successfully passed their final exams and gained General Medical Council registration.
- 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.
- Trainee doctors completed a one-week induction period with no patient appointments followed by a period of clinics supervised by a GP partner.
- The practice did not routinely use locum GPs. An up to date induction pack was available for locum GPs in the event they were needed and GP partners monitored locum GP records to ensure they were of a high standard.
- 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. A well-established peer teaching and journal club ran in the practice and supported all staff to progress in their area of interest.
- 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. All staff who administered immunisations attended an annual training update.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. For example, the IT manager had attended training that enabled them to code effectively and to audit data to ensure patients with safeguarding alerts were tracked.
- Practice nurses attended monthly education sessions delivered by the locality lead and there was monthly protected time for nurse competency updates.
- Some staff had completed 'train the trainer' sessions, which enabled them to provide peer training to other staff in the practice.

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.

Good

Are services effective?

(for example, treatment is effective)

- 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. The practice used an electronic referral and information sharing system to coordinate patient care with local hospitals and the ambulance service.
- The practice was part of an innovative 'caring together' partnership. This extended GP contracts to provide additional services to try and reduce hospital attendences. In addition, the practice worked as part of a non-profit community interest organisation to provide seven targeted support services to patients. These included support for patients with uncontrolled violent behaviour, patients who had undergone a vasectomy and those with dermatological needs.
- Patients who received care under the end of life 'Gold Standards Framework' or who had complex conditions were easily identifiable on the patient record system. This made it easier for clinical staff to access records and provide care coordinated with other services.
- GPs attended a multidisciplinary monthly meeting with cancer nurse specialists, district nurses, community matrons and health visitors to discuss patients with palliative or safeguarding needs. Meetings were held on different days of the week to ensure GPs who worked part time or set hours could attend.
- The practice did not have a formal system of checking two week wait referrals and appointment confirmed after they were received from a hospital.
- Clinical staff conducted regular anticaptory 'ward rounds' of patients in care homes with behavioural and psychological symptoms of dementia. This helped to reduce the number of unnecessary hospital admissions.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

- Between April 2014 and March 2015, there were 13 emergency hospital admissions per 1000 patients with one or more of 19 sensitive conditions. This was the same as the CCG average and better than the England average of 15 patients per 1000.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance, including the use of signed consent forms for minor surgery and implied consent.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. All staff had undertaken training in the principles of confidentiality, the MCA and the Deprivation of Liberty Safeguards.
- 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.
- Where a GP was asked for sexual health screening or services by a young person, they used the Gillick competence check to ensure this was provided appropriately. The safeguarding children GP lead monitored sexual health requests from young patients to identify anyone at risk of grooming.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service, including community social care and specialist medical services.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.
- Several leaflets were available in the waiting area and in other patient areas with information on specific clinics

Good

Are services effective?

(for example, treatment is effective)

and other local service providers. This included a smoking cessation service, services for heart and breast health, mental health services and an urgent referral service for domestic violence.

- Staff provided sexual health services for patients between 16 and 25 years old. This included chlamydia testing and the promotion of HIV testing in a nearby sexual health clinic.
- Clinical staff were able to provide targeted support to patients with specific needs such as young people with alcohol dependency and patients with drug-related hepatitis C. This included medicine management and liaising with drug and alcohol doctors.

The practice's uptake for the cervical screening programme was 71%, which was comparable to the CCG average of 77% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 98% and five year olds from 90% to 98%.

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. A dedicated GP provided health checks for those over 75 years old. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Music was played in the waiting area to help improve privacy for patients speaking with receptionsits.
- 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 25 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 and 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Staff understood the potential benefits of involving a wider range of people to the PPG to represent patients. For example, they had visited a local college and sixth form to speak with students about the PPG and its work.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%. Six of the 11 patients we spoke with said they felt the GP had given them enough time during their last appointment.
- 90% 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%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% 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:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%
- Five of the 11 patients we spoke with had attended accident and emergency in the previous six months. All but one patient said the practice knew about the admission and had worked with colleagues in the hospital to ensure they received appropriate care.

Good

Are services caring?

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

- Translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- Two receptions were fluent in British Sign Language and all staff had undergone deafness awareness training.

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.

Practice counsellors, who worked in the Improving Access to Psychological Therapies scheme, were in post to support patients with depression, anxiety and relationship problems.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. A receptionist and nurse acted as carers links, which meant they could provide individual advice and support to carers.

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

Good

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 worked with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability and the practice demonstrated it worked closely with hospital staff to provide continuous care.
- Home visits, residential care visits and hospice visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- A GP led a twice-monthly substance misuse clinic for patients cared for under a 'shared care' programme. This included quarterly meetings with key workers to assess patient need.
- One GP held a diploma in palliative care and used this to lead monthly Gold Standards Framework meetings to ensure patients with end of life needs had appropriate care plans.
- A practice nurse held a diploma in asthma care, which they used to lead an asthma clinic.
- A practice nurse visited patients with learning difficulties and anxiety in a day care centre to conduct routine blood tests and checks. This meant patients received timely and continuous care.
- The nurse manager had conducted research into the healthcare practices of the countries where a large number of new patients were from. This helped them to understand the demands and knowledge of such patients and to identify how to most effectively provide screening and immunisation.

Access to the service

Appointments were from 8am to 6.30pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. A dedicated duty doctor provided this service and a practice nurse provided a triage service to support them. Where patients had high risk behaviour, sush as drug addiction, the practice offered ad-hoc appointments to them for services such as wound care.

Staff followed duty of care guidance from the British Medical Association when providing care for temporary visitors from overseas.

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.

- 74% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 81% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- Patients we spoke with said they felt it was sometimes difficult to get an appointment with a specific doctor and especially with a female doctor.

The practice had a system in place to assess:

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

Reception staff were trained in the use of a call triage system to identify the urgency of each patient's condition.

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

Listening and learning from concerns and complaints

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

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

- We spoke with 11 patients. 10 said they did not know how to complain and had not seen any information on this. One patient said they had made a complaint and had not been happy with the outcome. They said they had not been told how they could obtain futher help.

We looked at 11 complaints received in the last 12 months and found three of these were upheld.. Lessons were learnt 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 new process, policy and training had been introduced to enable reception staff to identify which patients should be offered an urgent appointment following a complaint about the lack of appointments prior to a bank holiday weekend.

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 and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The recruitment of three new GPs had enabled to practice to improve efficiency and offer a wider range of appointments and care.
- The senior leadership team recognised the signficiant specialist support provided to patients with individual and complex needs by the practice. The future vision for the practice aimed to develop these further by moving towards a multispecialty community provider model of care. This plan included scope for a nurse-led 'diagnostic hub' in the building to provide procedures such as spirometry and echocardiograms.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Senior staff met every two months in a clinical governance meeting, which included a review of audits and patient outcomes.

Leadership and culture

The GP senior partner, GP executive partner, nurse manager and practice manager formed the senior leadership team. This team was robust, worked transparently and demonstrated a commitment to democratic leadership. For example, the practice had maintained status as 'Investors in People' for over 16 consecutive year.

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.
- A 'freedom to speak up guardian' was in post and worked to ensure staff felt confident to raise concerns.

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

- The practice held regular team meetings and encouraged multidisciplinary working and learning between clinical and non-clinical staff. For example, all staff took annual basic life support and anaphylaxis training together. This helped to establish good working relationships between all members of staff.
- 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. The practice had a 'no blame culture policy' that meant staff were able to express their views and concerns openly.

Are services well-led?

Good

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

- A trainee doctor told us they were well-supported by the senior team and felt their induction and learning time was appropriate and helped them to provide a good standard of care.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

· The patient participation group (PPG) met regularly and submitted proposals for improvements to the practice management team, such as in the appointments system. The PPG was not prominently advertised in the practice but it was referred to in the patient information leaflet. The practice had gathered feedback from staff through reflective exercises during training days and professional development meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

- The practice actively encouraged patients to provide feedback and demonstrated how it acted on this. For example, a notice at the reception desk explained new and trainee doctors had received training in the use of the hearing loop system following feedback from patients with reduced hearing.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and worked to benchmark their standards against national best practice guidance. This included the achievement of the Customer Service Excellence award and the establishment of information governance processes to standards set by the Information Commissioner's Office.

The practice had invested in its IT staff as part of a 'succession planning' programme to make sure it remained fit for purpose and up to date with modern technology.