

Parkway Health Centre

Quality Report

Parkway
New Addington
Croydon CR0 0JA
Tel: 01689 808810
Website: www.newaddingtongp.co.uk

Date of inspection visit: 8 November 2017
Date of publication: 05/01/2018

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Parkway Health Centre	5
Detailed findings	6
Action we have told the provider to take	19

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection May 2015 rated overall as Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

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

We carried out an announced comprehensive inspection at Parkway Health Centre on 8 November 2017 as part of our regular inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. However some the staff we spoke to were not aware of these incidents.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw one area of outstanding practice:

- The practice worked with the local community development project and referred patients who were isolated, vulnerable patients, carers and single parent families to a health connector to join local groups. Health connectors were employed by the local council who coordinated care between social services, health

Summary of findings

charities and carer organisations. The practice had referred over 150 patients who were isolated or stressed and we saw case studies and statements from four patients who had indicated an improvement in their general well-being.

The areas where the practice **must** make improvements are:

- Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. Ensure that an effective system in place to share learning from incidents and patient safety alerts; ensure an effective system in place to monitor stock of medicines and to follow-up patients referred for suspected cancer (two week wait referrals); ensure staff supervision, appraisal and training was appropriate and up to date.

- Maintain accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and decisions taken in relation to the care and treatment provided. Ensure exceptions for patients with long term conditions are appropriately reported and clinical procedures and consultations are appropriately coded.

The areas where the provider **should** make improvements are:

- Take action to improve patient satisfaction with waiting times for appointments.
- Undertake health checks for all patients with a learning disability.

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

Summary of findings

The six population groups and what we found

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

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

Parkway Health 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 second CQC inspector, GP specialist advisor and an expert by experience.

Background to Parkway Health Centre

Parkway Health Centre provides primary medical services in Parkway, New Addington, Croydon CR0 0JA to approximately 10,200 patients and is one of 52 practices in Croydon Clinical Commissioning Group (CCG). The practice website can be accessed through <https://www.newaddingtongp.co.uk>

The practice is situated in a health centre with two other practices and community services. The provider has a branch practice Fieldway Medical Centre at 15a Danebury,

New Addington, Croydon CR0 9EU. The branch was a separate location until June 2017 when it was changed to be a branch to Parkway Health Centre; hence two sets of data are included in this report.

The practice population is in the second most deprived decile in England. The practice population has a higher than CCG and national average representation of income deprived children and older people. The practice population of children is above the CCG and national averages and the practice population of working age people is below the CCG and in line with national average. The practice population of older people is below the CCG and national averages.

The practice is a training practice for trainee GPs and physician associates.

The practice is registered as an organisation with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how

to identify and manage patients with severe infections, for example, sepsis. The provider informed that they had not discussed the evidence based guideline in the management of sepsis.

- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The practice did not have a log to follow up patients who had been referred for suspected cancer (safety netting for two week wait referrals). One out of the two referral letters did not have adequate clinical findings recorded. The practice informed us that they will review and change their system in place.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice did not have a failsafe thermometer for refrigerators that were used to store medicines or a system to perform regular calibration checks for thermometers as required. However the day following the inspection the practice had purchased the thermometer and sent us evidence to support this. The practice kept prescription stationery securely and monitored its use.
- We found an anaphylaxis kit which had expired adrenalin (medicine used to treat anaphylaxis and cardiac arrest) and expired needles. The practice informed us that they were not aware of this pack as they had adrenalin with other emergency medicines which they used; the practice immediately discarded the expired medicines and needles.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal

Are services safe?

requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- We found that some of the patients were prescribed their medicines without a diagnosis been recorded in their patient management system.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. The provider had undertaken a detailed health and safety risk assessment for each member of staff.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- The practice had set up various alerts for patients in their patient management system to ensure safety. However we found that some of these alerts were out of date or not relevant.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example a patient attended the surgery with breathing difficulty and the patient was not able to be put on oxygen before the arrival of ambulance because they had incorrect masks with no pipes attached. Following this incident the practice introduced robust weekly checks for the monitoring of emergency medicines and oxygen to ensure this did not happen again. However some of the staff we interviewed were not able to give us an example of a recent significant event.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. Some of the clinical staff we spoke to were not aware of recent medicines and safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The average daily quantity of hypnotics (medicine used to induce sleep) prescribed by the practice were lower than the clinical commissioning group and national averages.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- We reviewed the care plans of patients on long-term conditions and found that medication reviews and diagnosis of some patients were not appropriately coded. We also found that some of the consultations were not appropriately coded. For example home visits were recorded as clinic appointments.
- The provider had sponsored a research student who had developed a bespoke dashboard to monitor the performance of the practice through which the practice monitored its performance against other practices in the locality for example they monitored their the number of patients who did not attend their appointment (DNA rates), electronic prescribing rates, antibiotic and anti-inflammatory medicines prescribing rates, safe prescribing of patients on long term medicines and national prevalence of long term conditions.

Older people:

- Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice offered health checks for patients over the age of 75.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above in three out of four areas measured. These measures can be aggregated and scored out of 10, with the practice scoring 9.1 (in line with the national average of 9.1). The practice had an high uptake for childhood immunisations compared to the other local practices and the practice informed us that a representative from NHS England came and interviewed the practice manager to ascertain how the practice had achieved the level of uptake for childhood immunisations.

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

- The practice's uptake for cervical screening was 69.7% compared to the Clinical Commissioning Group average of 71.1% and national average of 72.8%. This was below the 80% coverage target for the national screening programme.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Only 70% (57 patients) of 81 patients with learning disability had their health checks in the last year. The practice informed us that they regularly contacted these patients asking them to attend the surgery and also did home visits and completed their health checks to improve compliance.

Are services effective?

(for example, treatment is effective)

- The provider ran a monthly substance misuse clinic at Headley Drive Surgery which is one of the three practices in New Addington Group.

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

Parkway Health Centre

- 71.8% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is lower than the Clinical Commissioning Group (CCG) average of 86.5% and national average of 83.7%.
- 96.9% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the Clinical Commissioning Group and national averages.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 91.2%; CCG 90.1%; national 90.7%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 96.4%; CCG 97.6%; national 96.7%).

Fieldway Medical Centre

- 83.3% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is in line with the Clinical Commissioning Group (CCG) average of 86.5% and national average of 83.7%.
- 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the Clinical Commissioning Group and national averages.
- The percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 94.7%; CCG 90.1%; national 90.7%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 99.4%; CCG 97.6%; national 96.7%).

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example the practice had undertaken clinical audits of use of medicines subject to medicines and safety alerts where improvements were made, implemented and monitored.

The most recent published Quality Outcome Framework (QOF) results for Parkway Health Centre were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 95.8% and national average of 95.5%. The clinical exception reporting rate was 9.1% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- Performance for diabetes related indicators was in line with the Clinical Commissioning Group (CCG) and national average. For example, 85.4% (above average exception reporting of 18.6%) of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 74.2% and the national average of 79.4%.
- 100% (0% exception reporting) of patients over 75 with a fragility fracture were on the appropriate bone sparing agent, which was above the CCG average of 84.4% and national average of 79.5%.
- 74.6% (below average exception reporting of 4.5%) of patients with atrial fibrillation were treated with anticoagulation therapy compared to the CCG average of 83.7% and national average of 88.4%.
- Performance for mental health related indicators was above the CCG and national averages; 96.9% (4.4% exception reporting) of 87 patients had a comprehensive agreed care plan in the last 12 months compared with the CCG average of 88.9% and national average of 90.3%.
- 71.8% (4.9% exception reporting) of patients with dementia had received annual reviews which was below the CCG average of 86.5% and national average of 83.7%.

Monitoring care and treatment

Are services effective?

(for example, treatment is effective)

- The national QOF data showed that 70.4% (below average exception reporting of 2.3%) of patients with asthma in the register had an annual review, compared to the CCG average of 76.4% and the national average of 76.4%.
- 91% (above average exception reporting of 14.2%) of patients with Chronic Obstructive Pulmonary Disease (COPD) had received annual reviews compared with the CCG average of 92.4% and national average of 90.4%.

The most recent published Quality Outcome Framework (QOF) results for Fieldway Medical Centre were 99.8% of the total number of points available compared with the clinical commissioning group (CCG) average of 95.8% and national average of 95.5%. The clinical exception reporting rate was 9.5% compared with a national average of 10%.

- Performance for diabetes related indicators was in line with the Clinical Commissioning Group (CCG) and national average. For example, 84.7% (above average exception reporting of 19.4%) of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 74.2% and the national average of 79.4%.
- 100% (0% exception reporting) of patients over 75 with a fragility fracture were on the appropriate bone sparing agent, which was above the CCG average of 84.4% and national average of 79.5%.
- 75% (below average exception reporting of 4.5%) of patients with atrial fibrillation were treated with anticoagulation therapy compared to the CCG average of 83.7% and national average of 88.4%.
- Performance for mental health related indicators was above the CCG and national averages; 95% (9.1% exception reporting) of 24 patients had a comprehensive agreed care plan in the last 12 months compared with the CCG average of 88.9% and national average of 90.3%.
- 83.3% (above average exception reporting of 25%) of patients with dementia had received annual reviews which was in line with the CCG average of 86.5% and national average of 83.7%.
- The national QOF data showed that 72.2% (below average exception reporting of 2.1%) of patients with asthma in the register had an annual review, compared to the CCG average of 76.4% and the national average of 76.4%.

- 92.8% (6.7% exception reporting) of patients with Chronic Obstructive Pulmonary Disease (COPD) had received annual reviews compared with the CCG average of 92.4% and national average of 90.4%.

We found that the practice had high exception reporting for areas such as diabetes, chronic obstructive pulmonary disease and dementia. We reviewed the medical records of patients who had been reported as an exception and found that some of the exceptions were not appropriately reported.

Effective staffing

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. However some of the staff had training updates overdue for training including basic life support, fire safety, infection control and information governance.
- Staff were encouraged and given opportunities to develop. We saw members of staff who had joined the practice as a receptionist and had been supported to perform more senior roles.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing. We found that appraisals for two out of 10 clinical staff and one out of 12 non-clinical staff was overdue. The practice informed us that appraisals for these staff would be completed by end of November 2017.
- On going learning and development opportunities for staff were very extensive. The practice provided fortnightly clinical development meetings and development sessions for healthcare assistants and nurses and monthly development sessions for physician

Are services effective?

(for example, treatment is effective)

associates, pharmacy development sessions and monthly nursing forums. They also had weekly admin staff training. The staff we spoke to informed us that these training sessions were very useful.

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the six patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. For Parkway Health Centre 383 surveys were sent out and 94 were returned. This represented about 1.4% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 85% of patients who responded said the GP gave them enough time; CCG - 85%; national average - 86%.
- 96% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.
- 88% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 83%; national average - 86%.
- 96% of patients who responded said the nurse was good at listening to them; (CCG) - 90%; national average - 91%.
- 99% of patients who responded said the nurse gave them enough time; CCG - 91%; national average - 92%.

- 99% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 96%; national average - 97%.
- 95% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 89%; national average - 91%.
- 89% of patients who responded said they found the receptionists at the practice helpful; CCG - 86%; national average - 87%.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. For Fieldway Medical Centre 375 surveys were sent out and 106 were returned. This represented about 3% of the practice population. The practice was in line with average for its satisfaction scores on consultations with GPs and below average for its satisfaction scores on consultations with nurses. For example:

- 89% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 88% of patients who responded said the GP gave them enough time; CCG - 85%; national average - 86%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.
- 80% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 83%; national average - 86%.
- 79% of patients who responded said the nurse was good at listening to them; (CCG) - 90%; national average - 91%.
- 83% of patients who responded said the nurse gave them enough time; CCG - 91%; national average - 92%.
- 93% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 96%; national average - 97%.
- 76% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 89%; national average - 91%.
- 84% of patients who responded said they found the receptionists at the practice helpful; CCG - 86%; national average - 87%.

Are services caring?

Following the national GP patient survey for Fieldway Medical Centre the practice had performed an audit of nurses' clinics to ensure procedures were booked in sufficient time slots.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand. , for example they used translation services and sign language interpreters.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 159 patients as carers (1.6% of the practice list).

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card with detailed bereavement support information. 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.

Results from the national GP patient survey for Parkway Health Centre 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:

- 85% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 85% and the national average of 86%.
- 82% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 80%; national average - 82%.
- 97% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 89%; national average - 90%.
- 93% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 84%; national average - 85%.

Results from the national GP patient survey for Fieldway Medical Centre showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or below the local and national averages:

- 87% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 85% and the national average of 86%.
- 79% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 80%; national average - 82%.
- 81% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 89%; national average - 90%.
- 77% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 84%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. The practice provided extended opening hours and online services such as repeat prescription requests, advanced booking of appointments.
- The practice improved services where possible in response to patients' needs. For example the number of extended hours' appointments were increased following feedback from patients.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. One of the non-clinical members of staff was a British Sign Language interpreter who supported patients with hearing impairments.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The provider employed prescribing pharmacists who triaged all emergency patients and performed reviews of patients with long term conditions.
- The practice is situated in a health centre where the practice patients had access to community services including health visitors, dentists and physiotherapy. The health centre also had a GP hub which provided a walk-in service seven days a week.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice supported the needs of patients of a local nursing home with 48 residents.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues. The practice held bi-weekly multi-disciplinary meetings with GPs, health visitors and palliative care nurses. The practice had recently started weekly multi-disciplinary GP huddles where they discussed complex patients.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Patients can send a message to their GP through the practice's website for advice and guidance.
- The practice provided self-referral forms and information on the website for antenatal care, weight management, children's health, drug and alcohol services, eye conditions, lifestyle and healthy food projects and mental health.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice supported the needs of 13 patients with autism in two care homes.
- The practice worked with the local community development project and referred patients who were

Are services responsive to people's needs?

(for example, to feedback?)

isolated, vulnerable patients, carers and single parent families to a health connector to join local groups. Health connectors were employed by the local council who coordinated care between social services, health charities and carer organisations. The practice had referred over 150 patients who were isolated or stressed and we saw case studies and statements from four patients who had indicated an improvement in their general well-being.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice worked with a social enterprise to tackle health and social issues affecting Muslim communities, especially around mental health. They co-produced a short film 'Talking from the heart' exploring mental health diagnosis and therapy by combining medical and faith advice.
- The provider had access to a counsellor at Headley Drive Surgery which made it easier for local patients to attend.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to appointments.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.
- All emergency appointments were triaged by a pharmacist and managed appropriately.

Results from the July 2017 annual national GP patient survey for Parkway Health Centre showed that patients' satisfaction with how they could access care and treatment was comparable or below the local and national averages. 383 surveys were sent out and 94 were returned. This represented about 1.4% of the practice population.

- 86% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.

- 85% of patients who responded said they could get through easily to the practice by phone; CCG – 73%; national average - 71%.
- 79% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 84%; national average - 84%.
- 75% of patients who responded said their last appointment was convenient; CCG - 80%; national average - 81%.
- 88% of patients who responded described their experience of making an appointment as good; CCG - 73%; national average - 73%.
- 41% of patients who responded said they don't normally have to wait too long to be seen; CCG - 53%; national average - 58%.

The practice had performed the following changes in response to the national GP patient survey for Parkway Health Centre.

- Reviewed their appointment system to ensure appointments are booked with appropriate clinician. We saw that pre-bookable GP appointments were available on the next day.
- Increased the number of extended hours appointments from three to four and half hours.
- Complex patients were provided with double appointment slots and catch up slots were provided for GPs who take longer in their consultations.

Results from the July 2017 annual national GP patient survey for Fieldway Medical Centre showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. 375 surveys were sent out and 106 were returned. This represented about 3% of the practice population.

- 78% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 77% of patients who responded said they could get through easily to the practice by phone; CCG – 73%; national average - 71%.
- 83% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 84%; national average - 84%.
- 88% of patients who responded said their last appointment was convenient; CCG - 80%; national average - 81%.

Are services responsive to people's needs?

(for example, to feedback?)

- 81% of patients who responded described their experience of making an appointment as good; CCG - 73%; national average - 73%.
- 57% of patients who responded said they don't normally have to wait too long to be seen; CCG - 53%; national average - 58%.

The practice had performed the following changes in response to the national GP patient survey for Fieldway Medical Centre.

- Audit of nurses clinics to ensure procedures were booked in sufficient time slots.
- Text messages to patients to promote online services.
- Reviewed their appointment system to ensure appointments are booked with appropriate clinician. We saw that pre-bookable GP appointments were available on the day of inspection.
- Discussed with patient participation group to ascertain issues of patients.
- The practice were planning to arrange an open day to promote surgery.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Six complaints were received in the last year. We reviewed the complaints and found that they were satisfactorily handled in a timely way.
- The practice had a system in place where the practice manager held a list of patients who intend to complain in their electronic patient management system. The practice manager called them to discuss and addressed their concerns.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice as requires improvement for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable and staff reported that they are very happy with the support they received from the leaders.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. The practice supported the needs of staff who were on long-term sickness.
- The practice focused on the needs of patients.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. However we found that three out of 21 members of staff had not received regular annual appraisals in the last year and some of the staff had training updates overdue for training including basic life support, fire safety, infection control and information governance. Staff were supported to meet the requirements of professional revalidation where necessary.
- All staff members were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management; however it required further improvement.

- Structures, processes and systems to support good governance and management were clearly set out; however it was not effective in some areas. For example the exceptions for patients on long term conditions were not appropriately reported and clinical procedures and consultations were not appropriately coded.
- The governance and management of partnerships, joint working arrangements and shared services promoted person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Are services well-led?

Requires improvement 

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

- The practice had held regular governance meetings. We found that some of the staff did not attend these meetings; however the minutes of these meetings were circulated to all relevant staff.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However some of the policies were not effectively implemented in some areas. For example the practice did not have an effective system to follow up of patients who had been referred for suspected cancer (two week wait referrals).

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints; however some of the clinical staff we spoke to were not aware of recent medicines and safety alerts.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The practice used performance information which was reported and monitored and management and staff were held to account.

- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example the practice had late nurse appointments available for patients and had improved telephone access by increasing the number of available lines and call handlers.
- There was an active patient participation group.
- During the inspection the practice was undertaking an online patient survey to obtain feedback from patients.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. For example the practice worked with the local community development project and referred patients who were isolated, vulnerable patients, carers and single parent families to a health connector to join local groups. Health connectors were employed by the local council who coordinated care between social services, health charities and carer organisations.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p data-bbox="815 660 1385 728">Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p data-bbox="815 750 1458 862">Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance.</p> <p data-bbox="815 884 1321 918">How the regulation was not being met:</p> <p data-bbox="815 940 1517 1344">The provider did not assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. There was no log to allow monitoring of the two week wait referrals; the systems for monitoring medicines were not monitored effectively; there was no effective system to ensure staff understood and learned from significant events and patient safety alerts; systems did not ensure staff supervision, appraisal and training was appropriate and up to date.</p> <p data-bbox="815 1366 1485 1657">The provider did not ensure to maintain accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and decisions taken in relation to the care and treatment provided. Clinical procedures and consultations were not appropriately coded and exceptions for patients with long term conditions were not appropriately reported.</p> <p data-bbox="815 1680 1485 1792">This was in breach of Regulation 17(2) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>