

Manor Park Medical Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to Manor Park Medical Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Manor Park Medical Centre on 12 January 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and 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.
- The practice was engaged in an initiative to improve outcomes for over 75 year olds who might be frail, lonely and isolated.

- 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.
- There was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- Take steps to reduce exception reporting rates in quality and outcomes framework in areas where they are higher than average. For example, for patients with poor mental health and patients with dementia.
- Increase the percentage of women aged 25 to 64 whose notes record that a cervical screening test has been performed in the preceding five years.

Summary of findings

- Ensure safety alerts are actioned appropriately.
- Ensure all staff receive appropriate training on the Mental Capacity Act 2005 and consent.
- Ensure all electrical equipment is stored securely and safely.
- Improve tracking for the use of prescription stationery.
- Continue to improve patients' satisfaction with access to the practice by phone.
- Build on the work undertaken so far to identify carers within the practice in order to increase the number of carers known to the practice and help ensure they receive appropriate support.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice. However, the practice did not provide an audit trail to demonstrate safety alerts had been actioned.
- 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?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to local and national averages. However, the exception reporting was
- The practice's uptake for the cervical screening programme during 2015/2016 was 69%, which was lower than the CCG average of 82% and the national average of 81%.
- 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?

The practice is rated as good for providing caring services.

Good



- 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.

Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England area team and clinical commissioning group 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.
- The practice ran flu clinics every Saturday throughout October to encourage uptake.
- The practice had developed a social media page to enhance their communication with their patient population.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice did not have a comprehensive understanding of their performance. For example exception reporting for patients with some long term conditions and percentage of women attending for a cervical screening test.
- There were not always adequate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Summary of findings

- 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 focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was engaged in an initiative to improve outcomes for over 75 year olds who may be frail, lonely and isolated. This initiative included a staff member dedicated to signposting patients to services such as befriending schemes and support groups.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The nursing team offered flu vaccines at home for those who were unable to attend the practice.
- Elderly and frail patients, who may find it difficult to access the practice during non daylight hours, were routinely offered earlier daytime appointments.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was in line with clinical commissioning group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose level was 64 mmol/mol or less in the preceding 12 months was 83% compared with the CCG average of 81% and the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme during 2015/2016 was 69%, which was lower than the clinical commissioning group (CCG) average of 82% and the national average of 81%.
- 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 and health visitors.
- A private room was available for baby changing and breast feeding mothers on request.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Phone consultations were available, where appropriate, for patients unable to attend the practice due to work commitments.

Good



People whose circumstances may make them vulnerable

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

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

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients and participated in the vulnerable patient scheme.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice results for the management of patients diagnosed with dementia were better than local and national averages. For example 92% of these patients had received a face-to-face review within the preceding 12 months compared to the clinical commissioning group (CCG) average of 82% and the national average of 84%. Exception reporting was 31%, which was higher than CCG and national averages (14% CCG and 13% nationally).
- The practice results for the management of patients with poor mental health were in line with CCG and national averages. For example, 92% of their patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months which was in line with the CCG average of 93% and the national average of 89%. Exception reporting was 29%, which was higher than the CCG and national averages (17% CCG and 11% nationally).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- There was an on-site counselling service to which patients could be referred. Patients could also be referred to an on-site cognitive behavioural therapist.
- 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.

Good



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Patients at risk of dementia were assessed and referred to a memory clinic as appropriate.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results for the practice were mixed with some results in line with and some lower than local and national averages. Of the 224 survey forms that were distributed, 113 were returned. This represented 2% of the practice's patient list.

- 54% of patients who responded found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 70% and the national average of 73%.
- 74% of patients who responded were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 80% and the national average of 76%.
- 88% of patients who responded described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.

- 75% of patients who responded said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received three comment cards which were all positive about the standard of care received. Patients commented on the professional and considerate approach of staff and the efficiency of the practice.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring. Patients praised the efficiency with which the practice was run and commented on recent improvements to the phone system.

Manor Park Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Background to Manor Park Medical Centre

Manor Park Medical Centre is situated in the village of Polegate and the town of Eastbourne, East Sussex and operates from:

Manor Park Surgery

High Street

Polegate

East Sussex

BN26 5DJ

The practice has a branch surgery which operates from the neighbouring town of Eastbourne:

Hampden Park Surgery

12 Brodrick Close

Eastbourne

East Sussex

BN22 9NQ

The practice provides services for approximately 7,200 patients living within the Polegate area. The practice population increased by over 1,000 in the past three years and is continuing to grow. The practice holds a general medical services (GMS) contract and provides GP services

commissioned by NHS England. (A GMS contract is one between the practice and NHS England where elements of the contract such as opening times are standard). The practice has larger numbers of patients aged 65 and older compared to the national average. Deprivation amongst children and older people is low compared to the national average. The practice has more patients with long standing health conditions and health related problems affecting their daily lives than the national average, which could mean an increased demand for GP services.

As well as a team of four GP partners (two male and two female), the practice also employs two practice nurses and one health care assistant. There is a practice manager and a team of receptionists and administrative clerks.

The practice is a training practice for foundation level two doctors, medical students and student nurses.

Manor Park Surgery is open between 8.30am and 6pm on weekdays. During the hours of 8am to 8.30am and from 6pm to 6.30pm patients are directed to an out of hours service (provided by Integrated Care 24(IC24)).

Appointments are available from 8.30am to 12.30pm and from 1.30pm to 5.30pm Monday to Friday. Hampden Park Surgery is open from 8.30am to 5.30pm on weekdays and calls are directed to Manor Park Surgery or an out of hours service (IC24) outside of these hours. The practice offers same day appointments and phone consultations. Routine appointments are bookable up to four weeks in advance. Patients are able to book appointments by phone, online or in person.

Weekly midwifery clinics and a private audiology service are run from Manor Park Surgery. Weekly midwifery and smoking cessation clinics are run from Hampden Park Surgery.

Detailed findings

When the practice is closed patients are given information on how to access the duty GP or the out of hours service (provided by IC24) by calling the practice or by referring to its website.

The practice is registered to provide the regulated activities of diagnostic and screening procedures; family planning; treatment of disease, disorder and injury; maternity and midwifery services and surgical procedures.

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 12 January 2017. During our visit we:

- Spoke with a range of staff (the practice manager, GP, nurse and administrative team) and spoke with patients who used the service.
- Reviewed questionnaires completed by the administrative team.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

For example a used syringe was left in a sink in a consulting room overnight. The practice discussed the event and as a results additional sharps bins were placed in consulting rooms.

We reviewed safety records, incident reports and patient safety alerts. We discussed with the practice the process for the management of patient safety alerts and recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA). They were able to provide examples of these and how they had been dealt with. However, they did not have an audit trail to demonstrate this. The practice contacted us the day after inspection with a new policy stating that alerts should be shared and action taken and discussed in practice meetings.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and practice nurses were trained to child protection or child safeguarding level three, the healthcare assistant was trained to level two and all other staff were trained to at least level one.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. The practice told us they had recently experienced problems with the standard of cleaning at Manor Park Surgery and as a result a new cleaning team had been appointed. There was a cleaning schedule in place which was monitored and there was regular communication with the cleaning team. The landlords of the premises were responsible for the cleaning at Hampden Park Surgery. We observed both premises to be clean and tidy.
- One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice 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 clinical

Are services safe?

commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored, however there were insufficient systems in place to track their use. The practice contacted the day after our inspection with a policy for prescription safety and security which included appropriate measures to monitor their use. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. On the day of inspection we found unsecured electrical leads and a loose electrical socket. The practice responded to these concerns on the day of inspection and fitted ties to secure loose cables to the electrical leads. The practice explained that the loose electrical socket was not live so did not pose a safety risk but arranged for it to be covered.
- 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 and administrative staff were all multi skilled so that they could cover each others roles.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available compared to the clinical commissioning group (CCG) average of 95% and the national average of 95%. The overall exception reporting for the practice was in line with clinical commissioning group (CCG) and national averages (9% compared to 7% in the CCG and 6% nationally). However, exception reporting was significantly higher than CCG and national averages in some domains. (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).

Data from 2015/2016 showed:

- Performance for diabetes related indicators was in line with CCG and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose level was 64 mmol/mol or less in the preceding 12 months was 83% compared with the CCG average of 81% and the national average of 78%.

- The practice results for the management of patients with poor mental health were in line with CCG and national averages. For example, 92% of their patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months which was in line with the CCG average of 93% and the national average of 89%. However, the exception reporting rate was 29%, which was higher than the CCG and national averages (17% CCG and 11% nationally).
- The practice results for the management of patients diagnosed with dementia were better than local and national averages. For example 92% of these patients had received a face-to-face review within the preceding 12 months compared to the CCG average of 82% and the national average of 84%. However the exception reporting rate was 31%, which was higher than CCG and national averages (14% CCG and 13% nationally).
- The percentage of patients with hypertension having regular blood pressure tests was below the local and national averages achieving 75% in comparison with the CCG average of 83% and the national average of 83%. Exception reporting was 5%, which was in line with CCG and national averages (6% CCG and 4% nationally).

The practice explained their policy on exception reporting was to send three letters to invite a patient for their annual review and then remove that patient from the calculations if they had not responded within six weeks. The practice reflected that while the policy worked well for other chronic disease, these patients were less likely to engage with written recall invitations. Plans were put in place to phone patients following the third invite letter in efforts to engage these patients more fully.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, an audit on the adherence to national

Are services effective?

(for example, treatment is effective)

guidelines for patients diagnosed with chronic obstructive pulmonary disease and heart disease who had been prescribed a certain medicine showed improvement on the second cycle.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included 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.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA 2005). However, not all staff had received MCA 2005 training. The practice responded to this on the day of inspection and arranged for all staff to receive the appropriate training. We received evidence to show that all clinical staff had completed online MCA 2005 training the day after inspection and all non-clinical staff had been tasked to complete this training by end March 2017.
When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits. However, on the day of inspection we found consent forms were not always filed in the patients' records. The practice provided evidence that the missing forms had been added to the patients' records within 48 hours of our inspection. The practice raised a significant event in relation to this.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- 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.

The practice's uptake for the cervical screening programme during 2015/2016 was 69%, which was lower than the clinical commissioning group (CCG) average of 82% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were 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. We spoke with the practice and they had not analysed the reasons for the low results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The percentage of female patients between the ages of 50 and 70 years old who had breast screening in the preceding three years was 69%, which was similar to the CCG average of 74% and the national average of 72%. The percentage of patients between the ages 60 and 69 years old of who had bowel screening in the preceding 30 months was 55%, which was similar to the CCG average of 60% and the national average of 58%.

Childhood immunisation rates met the national 90% target for one of the four indicators for under two year olds. However the percentage of children given the pneumococcal conjugate booster

vaccine fell short of the national target at 72%. The practice suggested that this may be due to a coding error related to the records of children who had moved in to the area and provided us with further data (unverified by CQC) showing they had achieved the 90% target in all four indicators. Childhood immunisation rates were comparable to CCG and national averages for five year olds. For example 98% of five year olds received measles, mumps and rubella (MMR) dose one compared to the CCG average of 95% and the national average of 94%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the three 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 a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 91% of patients who responded 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%.
- 93% of patients who responded said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 92%.

- 87% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 95% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 83% of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 90% 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 CCG and national averages. For example:

- 89% of patients who responded said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 88% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.
- 86% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

Are services caring?

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

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 85 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England area team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice ran flu clinics every Saturday throughout October to encourage uptake.
- The nursing team offered flu vaccines at home for those who were unable to attend the practice.
- Elderly and frail patients, who may find it difficult to access the practice during non daylight hours, were routinely offered earlier daytime appointments.
- The practice participated in the vulnerable patient scheme.
- There was an on-site counselling service to which patients could be referred and patients could be referred to a cognitive behavioural therapist.
- Patients at risk of dementia were assessed and referred to a memory clinic as appropriate.
- The practice was engaged in an initiative to improve outcomes for over 75 year olds who may be frail, lonely and isolated. This initiative included a staff member dedicated to improving care and lifestyle including befriending schemes and signposting to support groups.
- Phone consultations were available, where appropriate, for patients unable to attend the practice due to work commitments.
- There were disabled facilities, a hearing loop and translation services available.

- A private room was available for baby changing and breast feeding mothers on request.
- Patients had access to both the main practice and the branch practice with nearby train stations and car parking at both sites.
- The practice had developed a social media page to enhance their communication with their patient population.

Access to the service

The practice was open between 8.30am and 6pm on weekdays. During the hours of 8am to 8.30am and from 6pm to 6.30pm, patients were directed to an out of hours service (provided by Integrated Care 24). Appointments were available from 8.30am to 12.30pm and from 1.30pm to 5.30pm Monday to Friday. Hampden Park Surgery was open from 8.30am to 5.30pm on weekdays and calls are directed to Manor Park Surgery or an out of hours service (Integrated Care 24) outside of these hours. The practice offered same day appointments and phone consultations. Routine appointments were bookable up to four weeks in advance. Patients were able to book appointments by phone, online or in person.

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

- 76% of patients who responded were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 54% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.

The practice installed a new phone system in August 2016, in response to the difficulties patients had in getting through on the phone. This included an increased number of phone lines and staff available to take calls and a phone queuing system. The practice told us that early feedback from patients was positive and patients we spoke to on the day of inspection commented on the improved phone service.

The practice was reviewing its appointments system in efforts to improve patient access. Patients told us on the day of the inspection that they were able to get appointments when they needed them.

Are services responsive to people's needs?

(for example, to feedback?)

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.

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.
- The practice manager was the designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system on posters displayed in the waiting room and summary leaflets available at reception.
- The practice had a policy of recording verbal complaints in writing to help identify trends.

We looked at 24 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way, with openness and transparency. 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 patient complained about the response given by staff during a phone call. The practice responded with an apology and there was a discussion in a team meeting about communicating more effectively with patients.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- The practice did not have a comprehensive understanding of their performance. For example exception reporting for patients with some long term conditions and percentage of women attending for a cervical screening test.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were not always adequate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, on the day of inspection there were no records to demonstrate alerts had been actioned and these were not routinely discussed at practice meetings.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held monthly meetings attended by all clinical staff, the practice manager and the information lead. There were also six weekly partners meetings and monthly administrative meetings. At the time of inspection the nurses did not hold regular meetings. This was discussed by the practice and we were informed the day after inspection that monthly nurse meetings would now take place.
- 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.
- Staff said they felt respected, valued and supported, by the partners and the practice manager in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The wellbeing of staff was considered important and staff were encouraged to attend training in stress management. Staff wellbeing was also discussed in appraisals and at staff meetings.

Are services well-led?

Good 

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG suggested an information noticeboard for the waiting room with health care information such as disability and mental health awareness. The practice put a notice board in place which was updated with new information on a monthly basis.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, following staff feedback the practice allocated clinical slots specifically to be booked in advance for patients on request. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice told us that they had outgrown their existing premises at Manor Park Surgery and new homes were going to be built within the local area which would further expand their patient list. Concurrent plans for a new health centre, due to be built as shared premises with another local practice, were in place.

The practice had recently formed a GP federation with other local practices to work collaboratively sharing resources for the benefit of patients. The practice told us they were looking at different ways of meeting patient demand and plans were underway to recruit a paramedic practitioner collaboratively with another local practice.

An obstetric ultrasound clinic and a mental health drop in service had been commissioned for the Hampden Park Surgery for the benefit of the local community.

The practice encouraged learning and development and the health care assistant was planning to study for an assistant practitioner role.