

# De Parys Medical Centre

## Quality Report

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at De Parys Medical Centre on 27 October 2015. 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 the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- 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.

We saw two areas of outstanding practice:

- The patient participation group worked with the practice to provide a befriending service. The CCG had delivered training to the practice participation group (PPG) members involved and they had all received checks through the Disclosure and Barring service (DBS). They visited patients identified by the practice who may need additional support, for example, if housebound or recently bereaved. They also visited patients in hospital if they had no one else to visit. At the time of the inspection there were 12 members befriending 16 patients. We saw from the PPG meeting minutes that the befriending service was a standing item on the agenda for discussion. Any concerns raised by befrienders were discussed as well as identifying any patients that may find the service a benefit.
- There was a free and confidential sexual health service run from the practice that was open to both registered

# Summary of findings

and non-registered patients of any age, including young people under 18. They used a C-card system that enabled patients to hand in a card at reception which allowed them to discreetly request free condoms.

**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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people received an apology and 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 people safe and safeguarded from abuse.
- Staff had received safeguarding training appropriate to their role in relation to safeguarding children and vulnerable adults.
- Risks to patients were assessed and well managed.
- Arrangements were in place to respond to emergencies and major incidents.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average when compared to the local CCG and national averages.
- 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.
- The practice made use of the specialist knowledge of the GPs to reduce referrals to secondary care providers.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice comparably with others for several aspects of care.
- Patients said they felt the practice offered an excellent and caring service.

Good



# Summary of findings

- Patients commented that the staff were professional and treated them with dignity and respect.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- The patient participation group worked with the practice to provide a befriending service for patients who required additional support and company.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It 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.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above the local and national averages in most areas.
- Urgent same day appointments were available as well as nurse triage telephone appointments.
- Same day appointments were available for children and those with long term conditions such as asthma and chronic obstructive pulmonary disease
- 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff.
- There was a free and confidential sexual health service run from the practice that was open to both registered and non-registered patients of any age, including young people under 18.
- They used a C-card system that enabled patients to hand in a card at reception which allowed them to discreetly request free condoms.

Good



## Are services well-led?

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

- It 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 this.

Good



# Summary of findings

- The mission statement was displayed in the reception area.
- 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 practice meetings.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The patient participation group worked with the practice to provide a befriending service for patients who required additional support and company.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the CCG and national average. The practice achieved 99% of available points compared to the CCG average of 86% and the national average of 89%.
- Same day urgent appointments were available for patients with asthma and chronic obstructive pulmonary disorder (COPD).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- 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.

Good



# Summary of findings

- The uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 82%
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives and health visitors.
- There was a free and confidential sexual health service run from the practice that was open to both registered and non-registered patients of any age, including young people under 18.
- They used a C-card system that enabled patients to hand in a card at reception which allowed them to discreetly request free condoms.

## **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.
- The practice ran a specialist travel service (MASTA), including yellow fever vaccinations.
- Early morning appointments were available as well as appointments one Saturday per month.

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 those with a learning disability.
- It offered longer appointments and annual health checks for people with a learning disability.
- All staff had an awareness of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and its implications for patients.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Good



# Summary of findings

- It had told 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.
- The practice followed the Gold Standards Framework to care for patients at the end of life.

## **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).

- 74% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- Performance for dementia related indicators was better than the CCG and national average. The practice achieved 100% of available points (with 9% exception reporting) compared to the CCG average of 95% and the national average of 95%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It 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.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing better than the local and national averages. 269 survey forms were distributed and 123 were returned.

- 93% found it easy to get through to this surgery by phone compared to a CCG average of 79% and a national average of 73%.
- 91% found the receptionists at this surgery helpful (CCG average 88%, national average 87%).
- 92% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 95% said the last appointment they got was convenient (CCG average 93%, national average 92%).

- 87% described their experience of making an appointment as good (CCG average 76%, national average 73%).
- 83% usually waited 15 minutes or less after their appointment time to be seen (CCG average 65%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were all positive about the standard of care received. Staff were described as kind, helpful and respectful and patients described the care received as excellent and said they felt listened to by the GPs.

We spoke with four patients during the inspection. All four patients said that they were happy with the care they received and thought that the staff were caring, respectful and compassionate.

# De Parys Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector, a CQC pharmacy inspector and a practice manager specialist advisor.

## Background to De Parys Medical Centre

De Parys Medical Centre provides a range of primary medical services to the residents of Bedford and the surrounding villages. The practice has a branch surgery in the village of Bromham which was not inspected as part of this inspection. De Parys Medical Centre has a dispensary that provides medicines to patients who live more than one mile from a chemist.

The practice population is predominantly White British with a larger than average number of patients over 45 years of age. National data indicates the area is one of lower deprivation. The practice has approximately 14,500 patients. Services are provided under a primary medical services contract (PMS).

The practice is led by eight GP partners, five male and three female, and they employ two salaried GPs, one male and one female. The nursing team consists of three minor illness nurses, four practice nurses and a health care assistant, all female. There are also a number of dispensing, reception and administration staff led by a practice manager.

De Parys Medical Centre is a registered training and teaching practice. They provide teaching to medical

students from Cambridge university and are planning to train newly qualified doctors as part of the general postgraduate medical training programme which forms the bridge between medical school and specialist/general practice training.

The practice is open from 8am to 6.30pm Monday to Friday with appointments available during these times. They offer extended opening hours from 7am on Tuesdays, Wednesdays and Thursdays and on Saturday mornings approximately once a month. The branch surgery is open for appointments from 8am to 12pm and 1pm to 5.30pm on Mondays; 8am to 11.30am and 1.30pm to 5.30pm on Tuesdays; and 8am to 11.30am on Wednesdays, Thursdays and Fridays.

When the practice is closed out-of-hours services are provided by BEDOC which can be accessed by either telephoning them direct, the number can be obtained from the practice answerphone or via the NHS 111 service.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

# Detailed findings

## How we carried out this inspection

Before our inspection, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 October 2015. During our inspection we spoke with a range of staff including GPs, nurses, the practice manager, dispensary staff and reception and administration staff. We also spoke with patients who used the service and the chair of the patient participation group (PPG). We observed how staff interacted with patients during their visit to the practice. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?
- Is it caring?

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

We also looked at how well services are provided for specific groups of people and what good care looks 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

The practice had a policy in place for reporting and recording significant events. The policy encouraged an open and fair approach to reporting and investigating events and to identify and share learning. Staff informed us reporting forms were available on the practice computer system and they would report any events to the practice manager. We saw that any significant events identified were discussed at the weekly clinical meetings. The practice carried out an annual review and analysis of significant events to identify any trends.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, guidance had been given to reception staff about leaving answerphone messages for patients. We also saw an incident that involved a missed diagnosis was discussed at the clinical meeting to ensure learning was shared.

We observed that when there were unintended or unexpected safety incidents, people received an apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. There were safeguarding policies available and accessible to all staff on the practice computer system. There was also a hard copy of the policy in the reception area. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice had identified a lead GP and a nurse for safeguarding and we were informed that they had regular meetings with the clinical commissioning group (CCG) lead for safeguarding. Staff had received training relevant to their role and were able to provide us with examples of when they would raise a safeguarding concern and their responsibilities in relation to this. GPs and the lead nurse for safeguarding were trained to Safeguarding level 3. Multi-disciplinary team meetings were held with the community nurses and health visitors every four to six weeks to discuss patients with safeguarding concerns
- Notices on consulting room doors 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 check (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. There were three members of the reception team who had been trained as chaperones and they wore a badge indicating this so they were easily identifiable to the clinical staff who required a chaperone.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. A member of the nursing team was the infection control lead who liaised with the CCG infection control team to keep up to date with best practice. There was an infection control protocol in place. All staff had infection control training as part of their induction and then completed an update every year. Annual infection control audits were undertaken and we saw evidence that action had been taken to address any improvements identified as a result. For example, all curtains used for privacy in the consulting rooms had been changed to disposable curtains and the soap dispensers had been changed to wall mounted ones with hand washing guidance on them. The infection control lead assessed the hand washing technique of a selection of staff as part of the infection control audit.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. They also used a computer programme to audit their own prescribing each month. This enabled them to ensure that prescribing was in line with the patients' symptoms and test results and there were no medication interactions when more than one medicine was prescribed. Prescription pads were securely stored

## Are services safe?

and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for the production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.

- Staff files we looked at showed that appropriate recruitment checks had been carried out 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. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also 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.

- The practice manager was responsible 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 that enough staff were on duty. There was an arrangement in place for members of staff, including the GPs, nursing and administrative staff, to cover each other's annual leave. Locum GPs were rarely used, but if they were, a pack was available for them to familiarise themselves with the practice's processes and procedures.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. There was an instant messaging system and panic buttons on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff had received annual basic life support training. There were emergency medicines available in the treatment room and all staff we spoke with knew of their location. All the medicines we checked were in date and fit for use. The practice had a defibrillator available on the premises and oxygen with adult and children's masks.

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. NICE guidelines were received into the practice by the practice manager and shared with clinical staff as appropriate. We were informed they were discussed at clinical meetings as they arose. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available, with 7% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was better than the CCG and national average. The practice achieved 99% of available points compared to the CCG average of 86% and the national average of 89%.
- Performance for hypertension related indicators was better than the CCG and national average. The practice achieved 100% of available points (with 2% exception reporting) compared to the CCG average of 98% and the national average of 98%.
- Performance for mental health related indicators was better than the CCG and national average. The practice achieved 100% of available points (with 5% exception reporting) compared to the CCG average of 94% and the national average of 93%.
- Performance for dementia related indicators was better than the CCG and national average. The practice achieved 100% of available points (with 9% exception reporting) compared to the CCG average of 95% and the national average of 95%.

The practice were carrying out clinical audits to demonstrate quality improvement. We saw they had done

12 clinical audits in the past year. In addition they had completed six prescribing audits to ensure they were prescribing in line with best practice guidance. We saw an example of a completed audit that showed that improvements made were implemented and monitored for the care of patients diagnosed with dementia.

### Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that staff had received training appropriate to their roles to deliver effective care and treatment.

- The practice had an induction programme for new members of staff that covered such topics as safeguarding, infection prevention and control and fire safety. New staff also had a competency checklist to complete. This ensured they were appropriately trained for their role.
- The practice provided role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals and meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety, basic life support and information governance awareness. 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. 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 people to other services.

The practice made use of the specialist knowledge of the GPs by using a system of in-house referrals. For example, one of the GPs had a diploma in dermatology and would

# Are services effective?

(for example, treatment is effective)

see patients with skin problems rather than the GPs referring these patients directly to secondary care. The GPs also referred patients directly for investigations, for example, echocardiograms (an investigation to see how well the heart is functioning). They would then only refer the patients to a cardiologist, if required, following the test results. All referrals made by locum GPs were reviewed to ensure they were appropriate. Data provided by the practice for April to September 2014 showed that they were performing above average for the locality when making referrals in all but two areas.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

The practice used the Gold Standards Framework to care for patients at the end of life. They worked with the community nurses, MacMillan nurses and the hospice service to plan patient care and provide appropriate medications when needed.

## Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. This included the Gillick competency and Fraser guidelines to help balance children's rights and wishes with their responsibility to keep children safe from harm.
- 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, where appropriate, recorded the outcome of the assessment. One of the nurses informed us they had received training on gaining consent and said they would speak with patients at a level they understood and use pictures and stories as aids.

## Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. The practice made referrals for exercise and weight management classes. Smoking cessation advice was delivered by an external agency.

There was a free and confidential sexual health service run from the practice that was open to both registered and non-registered patients of any age, including young people under 18. The nursing staff informed us that condoms were provided on request to promote sexual health. They used a C-card system that enabled patients to hand in a card at reception which allowed them to request this service discreetly. The reception staff were trained to know what the cards meant and could provide the service preventing embarrassment to patients if the reception was busy.

A member of the nursing team was trained to run a specialist travel service (MASTA). They were a designated practice for the administration of yellow fever vaccinations.

The practice had a comprehensive screening programme. Their uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 100% and five year olds from 94% to 99%. Flu vaccination rates for the over 65s were 74%, and at risk groups 52%. These were also comparable to national averages.

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

## Are services effective? (for example, treatment is effective)

Health promotion posters and leaflets to take away were available in the patient waiting area. There was also health information advice available on the practice website with links to other services.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

During the inspection we observed that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- If patients wished to discuss sensitive issues the reception staff would take them to a private area to the side of the reception desk or use one of the consulting rooms.

All of the 18 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent and caring service. Patients commented that the staff were professional and treated them with dignity and respect. Positive comments were made about all staff groups within the practice.

We also spoke with the chairperson of the patient participation group (PPG). They also told us they were very happy with the care provided by the practice.

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

- 89% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 87% said the GP gave them enough time (CCG average 86%, national average 87%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 90%).

- 91% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

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

We spoke with five patients on the day of our inspection and they all told us that they felt involved in decision making about the care and treatment they received. Patient feedback on the comment cards we received was also positive and aligned with these views.

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 above local and national averages. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 81%).

Staff told us that translation services could be arranged via the CCG for patients who did not have English as a first language. There was a hearing loop in the reception area for patients with hearing difficulties.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. There was also information on the practice website that patients' could refer to from home.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

We spoke with the chair of the PPG on the day of inspection who informed us of a befriending service offered by the group and supported by the practice. The CCG had delivered training to the PPG members involved and they had all received checks through the Disclosure and Barring service (DBS). They visited patients identified by the practice who may need additional support, for example, if housebound or recently bereaved. They also visited patients in hospital if they had no one else to visit. At the time of the inspection there were 12 members befriending

## Are services caring?

16 patients. We saw from the PPG meeting minutes that the befriending service was a standing item on the agenda for discussion. Any concerns raised by befrienders were discussed as well as identifying any patients that may find the service a benefit.

The PPG also provided support to patients with newly diagnosed long-term conditions by identifying members with the same condition to help them adapt to any lifestyle changes and treatment.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support and direct them to bereavement support services. An alert was placed on the electronic notes of close relatives so if they needed to attend the practice they were treated sensitively.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended opening hours from 7am on Tuesdays to Thursdays and on one Saturday morning a month for working patients who could not attend during normal opening hours.
- All appointments were for 15 minutes to allow time for the consultation and the GP to complete the patient record and any referral documentation.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these. Home visits were carried out throughout the day by the duty GP.
- A member of the nursing team did home visits for complete long term condition reviews and administer immunisations for patients who could not attend the practice.
- Daily nurse triage telephone appointments were available and appointments with the minor illness nurse.
- Same day appointments were available for children and those with long term conditions such as asthma and chronic obstructive pulmonary disease.
- There was an early afternoon urgent access clinic so patients could be seen on the day.
- The practice provided services for patients to avoid them attending the hospital for example, complex wound care management and the fitting of ambulatory blood pressure monitoring. They also had an INR clinic to provide regular checks and tests to review and monitor patients on blood thinning medication.
- There was a free and confidential sexual health service run from the practice that was open to both registered and non-registered patients of any age, including young people under 18.
- There was a hearing loop and translation services available.
- There were consulting and treatment rooms available on the ground floor for those patients that could not use the stairs.

- Disabled facilities included wide doors and access enabled toilets.
- The waiting area and corridors had enough space to manoeuvre mobility aids and pushchairs.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday with appointments available during these times. Extended hours surgeries were offered from 7am Tuesday to Thursday and every once a month on Saturday mornings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above the local and national averages in most areas. People told us on the day that they were able to get appointments when they needed them.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 93% patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 87% patients described their experience of making an appointment as good (CCG average 76%, national average 73%).
- 83% patients said they usually waited 15 minutes or less after their appointment time (CCG average 65%, national average 65%).

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. 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 in the practice booklet, patient waiting area and on the practice website.

We looked at complaints received in the last 12 months and they had been satisfactorily handled and dealt with in a timely manner. Apologies to the complainant had been

## Are services responsive to people's needs? (for example, to feedback?)

offered when required. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. The practice reviewed all complaints annually to identify any trends.

# 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. They had a mission statement which was displayed in the reception area and staff knew and understood the values. The mission statement included that all patients would be treated with dignity, respect and honesty in an environment that was accessible, safe and friendly. It also stated that they would take care of their staff, ensuring a competent and motivated team with the right skills and training.

### Governance arrangements

The practice had a 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. The GPs and nurses all had identified special interests and took a lead in these areas within the practice.
- The practice had a number of policies and procedures and these were available to staff on the practice computer system. All staff we spoke with knew how to access them.
- There was a comprehensive understanding of the performance of the practice. The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards.
- There was a programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership, openness and transparency

The practice was led by the GP partners with the support of the practice manager. Staff informed us the partners were visible in the practice, approachable and supportive. All the nurse prescribers had a GP mentor who discussed prescribing issues and updates with them.

The practice demonstrated through their significant events and complaints management that they were aware of and complied with the requirements of the Duty of Candour.

There were a variety of team meetings within the practice. These included multidisciplinary team meetings, clinical meetings and practice meetings.

There was a clear leadership structure in place and staff felt supported by management. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff also informed us they felt respected, valued and supported, particularly by the partners in the practice.

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

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

It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis. They carried out patient surveys and spent time in the patient waiting area gathering the views of patients using the practice. Any proposals for improvements to the practice were discussed with the practice manager and GP partners attending the PPG meetings. For example, the PPG encouraged the practice to use the downstairs consulting rooms for the elderly or those patients who had difficulty climbing the stairs. They also discussed the installation of a lift but this was deemed impractical in the premises.

Feedback from patients was also gathered from NHS Choices, the official website of the National Health Service in England. All comments about the practice, both positive and negative had received an acknowledgement and an explanation if necessary from the practice manager.

The practice had also gathered feedback from staff through staff meetings and appraisals. Staff told us they felt able to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

## Are services well-led?

Good 

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

There was a strong focus on continuous learning and improvement at all levels within the practice. One of the partners was a member of the CCG locality board and the practice manager attended the CCG practice manager forum. This enabled the practice to take part in local pilot schemes to improve outcomes for patients in the area.

They were also aware of the limitations of the premises they occupied and had held discussions with other practices in the area with a view to merging practices or acquiring new purpose built premises.