

Park House

Quality Report

Park house Surgery
2 St Georges Road
Stoke
Coventry
CV1 2DL

Tel: 024 7622 4438
Website: parkhousesurgery@nhs.net

Date of inspection visit: 11 November 2016
Date of publication: 21/12/2016

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?	Requires improvement		
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	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Park House	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	23

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park House 11 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- However, we could find no evidence that learning from significant events was being shared amongst staff, although we were assured by staff that discussions had taken place.
- Risks to patients were assessed and well managed.
- The arrangements for managing medicines, including emergency medicines, controlled drugs and vaccines, in the practice did not keep patients safe.

- 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.
- All patients we spoke with and members of the Patient Participation Group comment favourably about the 'open access' appointment system operated by the practice.
- 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.
- 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.

Summary of findings

- The practice had achieved high scores in the national GP patient survey in relation to access to the service and availability of GPs.
- 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 must make improvement are:

- The practice must ensure the proper and safe management of medicines to ensure it holds a controlled drugs register, vaccination stock control and audit was not effective nor was stock control of other medicines.

The areas where the provider should make improvement are:

- Review its processes to enable learning from significant events to be shared with all the practice team and documented.

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 requires improvement for providing safe services.

Requires improvement



- There was a system in place for reporting and recording significant events.
- However, we could find no documented evidence that learning from significant events was being shared amongst staff, although we were assured by staff that discussions had taken place.
- 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.
- However, the arrangements for managing medicines, including emergency medicines, controlled drugs and vaccines, in the practice did not keep patients safe.
- 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 2014 -15 (QOF) showed patient outcomes were above national averages achieving 97%.
- 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 similar to others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



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

Are services well-led?

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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice kept up to date registers of patients' health conditions and data reported nationally was that outcomes were comparable to that of other practices for conditions commonly found in older people.
- The practice provided clinics at a number of nearby care homes including a specialist dementia unit.

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 were above the national average. For example: the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 97% compared to the national average of 88%.
- 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.

Good



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.
- 76% of female patients aged 25-64 attended cervical screening within the target period compared with the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice is rated as 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.

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 who were encouraged to register the practice as a home address and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice was performing in line with national averages. 321 survey forms were distributed and 104 were returned. This represented 1% of the practice's patient list.

- 99% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 96% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 90% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 83% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received comment cards which were positive about the standard of care received, however people stated they would like more appointments to be available with the GP.

We spoke with five patients during the inspection. All said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- The practice must ensure the proper and safe management of medicines to ensure it holds a controlled drugs register, vaccination stock control and audit was not effective nor was stock control of other medicines.

Action the service **SHOULD** take to improve

- Review its processes to enable learning from significant events to be shared with all the practice team and documented.

Park House

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 Park House

Park House provides primary care services to its registered list of approximately 3996 patients. The practice is situated and the inspection was conducted at 2 St Georges Road, Stoke, Coventry. The practice catchment area is classed as within the group of the fourth most deprived areas in England relative to other local authorities. For example, income deprivation affecting children was 28% compared to the national average of 20%. The practice has a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services.

There are two GP partners, two regular GP locums, three are male and one female. There are two practice nurses and are supported by a practice manager and administration staff.

The male life expectancy for the area is 76 years compared with the CCG averages of 78 years and the national average of 79 years. The female life expectancy for the area is 82 years compared with the CCG averages of 82 years and the national average of 83 years.

The practice is located on two floors, the ground floor contains reception, waiting areas, consulting rooms, disabled toilet facilities and a treatment room, whilst the first floor contains administration offices. There is step free access into the building and access for those in wheelchairs or with pushchairs.

The practice was open between 8.30am and 6.30pm each day with the exception being Thursday when the practice closed at 12.30pm. The practice offers 'open access' meaning that patients could attend the practice without an appointment and be seen by a GP. There is however an option for appointments to be made. Surgery times are between 8.40am and 11.15am each morning and 4pm until 6pm each evening. We were also told that GPs would begin surgeries prior to 8.40am if there was patient need. The practice is closed at weekends.

The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. The practice uses the Coventry & Warwickshire Partnership Trust to provide this out-of-hours service to patients.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 November 2016. During our visit we:

- Spoke with a range of staff, the GP, nurses, the practice manager and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'
- Reviewed information from CQC intelligent monitoring systems.
- Reviewed patient survey information.
- Reviewed various documentation including the practice's policies and procedures.

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 a 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. 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 found that the practice had had two significant events in the past 12 months, we reviewed the significant event recording form and found the each event was recorded and reviewed appropriately with outcomes and actions recorded.
- For example one significant event described an injection being given to a child earlier than prescribed. We saw that this had been reviewed, the nurse responsible for the incorrect administration had undergone update training and the practice had begun to make parents aware of the frequencies of injections.
- We noted that the significant event policy stated that events should be separately minuted and a detailed account of the discussion surrounding the event itself should be made in the body of the minutes. On both significant events we found that this had not happened.
- We were told that each significant event was discussed at the time and learning would be passed to practice staff via a general meeting. It was not the practice's policy to hold a separate significant events meeting.
- We were told that there was no agreed frequency for 'general staff' meetings and would take place on an ad-hoc basis.
- We reviewed meeting minutes for June 20 2016 and found that it was recorded that 'No recent significant events had taken place', despite this being the most relevant meeting to previous significant events.
- We could find no recorded evidence that learning from significant events was being shared amongst staff, although we were assured by staff that discussions had taken place.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and procedures 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 GP 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 were trained to child protection or child safeguarding level three.
- 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)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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 did not keep patients safe. We found that the practice did not have a controlled drugs register although it stored controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- Stock control for other drugs such as 'Depo provera' was ineffective as the stock count recorded 14 however there were only 12. Records of vaccines stored within the practice were illegible and failed to identify numbers of each vaccine stored, although we noted that the system had been previously effective.
- Processes were in place for handling repeat prescriptions, we saw that the practice used a POD

Are services safe?

system 'Prescription Ordering Direct' scheme offered patients the option to order their repeat prescriptions by phone from the CCG's own medicines management staff.

- We found that prescribing was in line with best practice guidelines for safe prescribing and the practice provided evidence that it was rated as the best performer in the CCG's prescribing league table in June 2016.
- Blank prescription forms and pads were securely stored 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.
- There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five personnel files, and found in the main appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to

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

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a 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 data for 2014/15 showed that the practice had achieved 97% of the total number of points available. With overall exception reporting of 6%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was above the national average. For example: the percentage of patients on the diabetes register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 84% compared to the national average of 79%, more recent data showed that this had increased to 78%.
- The percentage of patients with hypertension having regular blood pressure tests was in line with the national average. The practice rate was 84% compared to the national average of 84%.
- Performance for mental health related indicators was above the national average. For example: the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a

comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015). The practice rate was 93% compared to the national average of 90%.

There was evidence of quality improvement including clinical audit, the practice had conducted 21 audits during the previous year.

- We looked at two clinical audits completed in the last two years, we reviewed two of these which were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice audited the levels of blood glucose for its diabetic patients for those who were over 100. An audit in 2015 initial audit identified that 16 patients met this criteria. These people were provided with intensive therapy, moving them to more regular reviews, referral to a diabetic consultant, reviews of diet and lifestyle and a review of diabetic medication. As a result of this the number of people meeting this criteria fell to 4 in 2016.
- The practice participated in local audits, national benchmarking, accreditation, and peer review.

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 topics such 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 their 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

Are services effective?

(for example, treatment is effective)

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 and clinical supervision. 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, in-house training and training offered by the CCG.

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. 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.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Referrals to dietician services were available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the Clinical Commissioning Group (CCG) average of 82% 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 and the practice operated opportunistic testing.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, however bowel cancer screening uptake was comparable with local and national averages. For example, Females, 50-70, screened for breast cancer within 6 months of invitation (Uptake, %). The practice rate was 68% compared to the CCG average of 72% and the national average of 73%.

Performance for Persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake%) was 55% compared to the CCG average of 58% and the national average of 58%.

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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year was 100% for all children and five year olds ranged from 80% to 100%.

The practice also wrote to parents following the birth of a child provisionally booking a post-natal examination and immunisations.

Are services effective?

(for example, treatment is effective)

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.

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

All 18 of the 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 also saw positive feedback concerning the GPs in particular one GP had received 40 positive comments and the practice nurse had received a certificate from the Clinical Commissioning Group (CCG) for attaining the second highest positive comments from patients in the CCG area.

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

Results from the national GP patient survey gave some positive responses from patients when asked if they felt they were treated with compassion, dignity and respect. The practice was comparable to clinical commissioning group and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

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

- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 99% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%. However, the practice provided other local survey data which suggested 99% positive feedback from patients.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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.

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 63 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

The practice also used a pictorial display to explain to people who may not have English as a first language what tasks are considered to be those of a carer encouraging those people to register.

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

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 did not offer extended hours and explained that it had previously offered this to patients however analysis had shown that there was no demand for patients who could not attend during normal opening hours.
- 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.
- The practice offered both well woman and well man clinics.
- 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. Those only available privately were referred to other clinics.
- There were disabled facilities and translation services available, however a hearing loop was not in place.

Access to the service

The practice was open between 8.30am and 6.30pm each day with the exception being Thursday when the practice closed at 12.30pm. There was however an option for appointments to be made. Surgery times were between 8.40am and 11.15am each morning and 4pm until 6pm each evening. We were also told that GPs would begin surgeries prior to 8.40am if there was patient need. The practice is closed at weekends.

The practice offers 'open access' meaning that patients could attend the practice without an appointment and be seen by a GP. Patients and members of the (PPG) spoke favourably about open access stating that in their opinion

this system meant that they could see a GP on the day. They also suggested that by offering 'open access' this reduced numbers of people attending accident and emergency departments.

However, in addition to open access the practice did offer pre-bookable appointments that could be booked in advance, due to open access, people who required to see a GP urgently could be seen upon presentation at the practice.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were above national averages. For example:

- 83% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 99% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system

The practice had not received any complaints during the last 12 months, however we saw earlier complaints and found these had been handled in an open and transparent way. The practice had mechanisms in place to capture lessons were learnt from individual concerns and complaints and discussed regularly within the practice.

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 robust 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 available to staff, however we found that not all policies referred to the procedures undertaken by staff, such as significant events and pathology processes.
- An understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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 and 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.

- The practice explained that it did not hold regular team meetings stating that because there was an established team they had ongoing discussions, however the practice could not demonstrate that learning was always shared.
- 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, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had an established patient participation group (PPG), and we saw that the previous meeting had taken place in March 2016. We discussed with the PPG the meeting structure and found that meetings were on an ad-hoc basis and the PPG relied on the practice to organise meetings. There was general agreement that this could be more structured with prearrange dates set. The PPG provided us with examples of improvements they had made with the practice for

Are services well-led?

Good 

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

example, disabled push button access at the main door and a bannister to assist those with mobility difficulties. The PPG also commented positively about the 'open access' system operated by the practice.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Maternity and midwifery services	Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment.
Surgical procedures	How the regulation was not being met: The registered person did not ensure the proper and safe management of medicines, the practice did not hold a controlled drugs register,vaccination stock control and audit was not effective nor was stock control of other medicines.
Treatment of disease, disorder or injury	This was in breach of regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.