

# Parsons Heath Medical Practice

## 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 Parsons Heath Medical Practice on 19 January 2016. Overall the practice is rated as good.

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

- Staff knew how to raise concerns, and report safety incidents. Safety information was recorded, monitored, and reviewed to identify trends or recurrent themes. When safety events occurred they were investigated and any issues identified were shared with all staff members.
- Risks to patients were well managed. The system for assessing risks included those associated with; premises, equipment, medicines, and infection control.
- Patient care was planned and provided to reflect best practice and recommended current clinical guidance.
- Staff had received appropriate training for their roles and further training had been encouraged, recognised and planned.

- Information regarding how to complain was available at the practice and on the practice website.
- The practice staff members had received training regarding the safeguarding of children and vulnerable adults, and knew who to contact with any concerns.
- The practice was suitably equipped to treat patients and meet their requirements. The equipment had been checked and maintained to ensure it was safe to use.
- Patient comments were positive when we spoke with them during the inspection. Members of the virtual practice patient participation group were proactive and keen to be involved with practice development.
- The leadership structure at the practice was well-established and all the staff members we spoke with said they felt supported in their working roles by both the practice manager and the GPs.

**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.

- Safety incidents were documented and shared with the staff members to ensure practice safety lessons were learnt from the actions that were taken. Patients involved in incidents received an explanation or an apology when appropriate.
- Infection control procedures were completed to a satisfactory standard and well documented. The practice had developed processes to keep people safe and safeguarded from abuse.
- Risks to patients were assessed on a daily basis and were well managed.
- The practice had appropriate premises and equipment to keep patients and staff safe.

Medicines and repeat prescriptions were managed safely.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were above average in comparison with local and national practices.
- Patient care was planned and provided in a way that reflected best practice and followed recommended current clinical guidance.
- Clinical audits undertaken at the practice showed the GPs used auditing to improve the practice service quality.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was a system in place to ensure that staff received supervision and appraisal.

Staff communicated with multidisciplinary teams to understand and meet the range and complexities of people's needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients told us they often received information about their treatment; this was in a way that was easy to understand and involved patients in decisions about their care and treatment.

The practice recognised the needs of patients who were carers and provided support and information about the range of agencies and organisations available to support them.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Appointment times and availability were flexible to meet the needs of patients. Same and next day appointments were available. Home visits and telephone consultations were provided as needed. The practice offered its patients access to book online appointments with a GP via the internet.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Accessible toilets and baby changing facilities were available.

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.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes with a responsive service for all its patients.
- Information about the practice was available to staff and patients. There was a clear leadership structure and staff felt supported by management.
- 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.

Good



# Summary of findings

- The provider was aware of and complied with the requirements of the 'Duty of Candour'. The partners encouraged a culture of openness and honesty and the practice had systems in place to monitor notifiable safety incidents and ensure this information was shared appropriately with actions taken.

The practice proactively sought feedback from staff and patients, which it acted on. There was a strong focus on continuous learning evidenced in the training records, and developments seen 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.

Good



- All patients over 75 years were informed by letter of their named GP and could change this GP if they wished.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice was responsive to the needs of older people including:
  - Home visits with GPs and nurses.
  - Hospital admissions avoidance was discussed at regular multidisciplinary team meetings to reduce unplanned hospital admissions for the frail elderly, and patients who were receiving palliative care. There were personalised care plans for patients at high risk of hospital admission to support the reduction of emergency referrals.
  - Each emergency admission was reviewed on discharge to ensure patients and their carers had the clinical input and medicine they needed. Following admissions for a fall patients were referred to specialists who were experienced in falls prevention.
  - Senior health checks and unplanned admission avoidance care plans.
  - High rates of seasonal flu/shingles vaccinations.
  - Dementia screening was provided opportunistically and also on request. The practice was proactive and focused on primary prevention wherever possible.
  - A carer's policy and patients were coded as carer's on the practice computer records system. Carer's were provided details of local and voluntary agencies to provide support.

### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Performance for the management of long term conditions was higher than other GP practices nationally. GPs and nursing staff had lead roles in chronic disease management and provided a range of clinics including asthma, diabetes and chronic obstructive pulmonary disease (COPD).

The practice responded to the needs of people with long-term conditions providing:

Good



# Summary of findings

- Longer appointments and home visits were available when needed.
- The “year of care” model for diabetes was run at the practice with the aim of increasing patient involvement in their condition.
- Patients had a named GP and a structured annual review to check that their health and medication needs were being met.
- The long term condition patients named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Shared care with Colchester General Hospital was delivered for the monitoring of various disease-modifying medications where the practice arranged and reviewed blood results.
- Patients with diabetes, asthma, and COPD were recalled for review by a GP and nurse to ensure consistent care. Patients were seen and monitored according to their clinical need and sent a reminder when it was due.
- Long term condition patients were provided with longer appointments dependant on their condition and need.

## Families, children and young people

The practice is rated as good for the care of families, children and young people. The practice responded to the needs of families, children and young people by providing:

- Children living in disadvantaged circumstances and those who were at risk, for example, children and young people who had a high number of A&E attendances were being monitored by the practice.
- Consistently higher Immunisation rates for all standard childhood immunisations in comparison to national rates.
- Routine child health surveillance for children at eight weeks and three and a half years were provided.
- Cervical screening rate data showed the practice was equal to nationally reported averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Antenatal care for patients not able to see the community midwife was provided at the practice and postnatal reviews were performed alongside the baby check.
- Positive joint working with midwives, and liaison with the local safeguarding team (with parental consent) as appropriate.
- Attendance at child protection conferences as appropriate.
- Liaison with local schools, and health visitors.
- Safeguarding information coded onto patients’ computer medical records.

Good



# Summary of findings

- The use of 'Gillick' competency testing for children over 16 years of age.
- Staff members were familiar with and had access to local advice/safeguarding/support services to families and health promotion services to young people and families (e.g. weight management).
- Baby changing facilities were available and a private room could be offered for breastfeeding mothers.
- Family planning clinics including coil and contraceptive implant fitting were offered.

## 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 working age people, those recently retired and students had been recognised and the practice had modified services to ensure they were accessible, adaptable, and could offer continuity of care. For example:

- Offering online services to book appointments, and order repeat prescriptions.
- Telephone consultations available on a daily basis with both doctors and nurses.
- Extended hours services above local requirements, provided by GP's and healthcare assistants one evening and one early morning each week.
- A full range of health promotional services such as smoking cessation, weight management and health checks, flu vaccination clinics on Saturdays.
- Family planning services, post-natal and baby checks were available as were appointments to monitor the development of babies and the health of new mothers.
- Appointments were offered early morning and phlebotomy starting at 7am twice weekly.
- The practice tried to be as flexible and accommodating with regards to appointments where possible. Telephone consultations when appropriate were provided for patients who needed advice but were unable to get to the surgery.

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 had tailored services to meet the needs of people within this population group for example:

Good





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances this included travellers and those with a learning disability. The register numbered 68 learning disability patients which equated to less than 1% of the practice population.
- Longer appointments for patients with a learning disability were available.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Vulnerable patients were told how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children, they were also aware of their responsibilities. This included information sharing, documentation of safeguarding concerns and who to contact. Practice staff knew they could ask the safeguarding lead at the practice for advice should there be any concerns.
- Home visits were offered to those patients unable to attend for routine or emergency care, including vaccination.
- Annual learning disability checks were provided.
- Flags were attached to the medical records of vulnerable patients. These Flags ensured staff members were aware when patients rang to be seen for an appointment or a home visit they were offered flexibility regarding time and appointment length.
- The practice had flexibility regarding missed appointments and tried hard to make their services as easy to access as possible for this population group.

## 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 had adapted their services to meet the needs of people within this population group for example:

- Annual reviews took place for patients experiencing poor mental health problems, including a mental health plan review. These annual reviews were used as an opportunity for screening other underlying health conditions.
- An annual review of patients living with dementia to monitor their general health.
- Regular telephone and face to face reviews to monitor people during periods of poor mental health.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Good



# Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had provided people experiencing poor mental health information about how to access support groups and voluntary organisations.
- The practice followed up patients who had attended accident and emergency from this population group.
- The practice had flexibility regarding missed appointments and tried hard to make their services as easy to access as possible.
- Patients within this population group were referred for counselling or specialist mental health input when required.

# 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 in line with local and national averages. 258 survey forms were distributed and 116 were returned, this represented a 45% response rate.

- 68% of respondents found it easy to get through to this surgery by phone compared to a national average of 73%.
- 77% of respondents were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 82% of respondents described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 77% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received two comment cards these were positive about the standard of care received. Comments referred to helpful reception staff, and patients that spoke with us on the day of inspection said the practice provided a marvellous service.

We spoke with six patients during the inspection. Patients commented positively about the practice saying that they were very happy with the treatment that they received. Patients also spoke positively about the support and attitude of the GPs and nurses. They told us that staff members were compassionate, when they listened to their needs, and spent time to explain treatments in a way that patients could understand.

# Parsons Heath Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, and a practice nurse specialist advisor.

## Background to Parsons Heath Medical Practice

Parsons Heath Medical Centre provides primary care services via a General Medical Services (GMS) contract to approximately 10,761 patients from purpose built accessible premises with patient parking to the side of the building. The practice provides its services to patients from Colchester and the surrounding villages. Its population mainly comprises of families with young children, however recently an increasing number of older people were registering with the practice. The area has low numbers of ethnic minority groups in comparison with the national average.

There are six GP partners; four female and two male, a salaried female GP, two nurse practitioners, three practice nurses, and two health care assistants in the clinical team. There is; a practice manager, a deputy practice manager, one prescription clerk, six receptionists, three administrators, three medical secretaries and an apprentice in the non-clinical team.

The practice opening hours and clinical sessions are; Mondays, Wednesdays and Fridays 8am to 1pm and 2pm to 6.30pm. Tuesdays opening hours and clinical sessions

are 6.45am to 1pm and 2.30pm to 6.30pm, with morning sessions between 7am to 1pm and afternoon sessions between 2pm to 6.30pm. Thursdays opening hours and clinical sessions are 8am to 1pm and 2pm and 7.30am.

The practice has opted out of providing GP out of hour's services. Patients requiring a GP outside of normal practice working hours were advised to contact the 111 non-emergency services. Patients requiring emergency treatment are able to contact the out of hour's service which is provided by Care UK.

## Why we carried out this inspection

We inspected Parsons Heath Medical Centre as part of our 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 visiting Parsons Heath Medical Centre, 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 19 January 2016. During our visit we:

- Spoke with a range of practice staff members and seven patients who used the service.
- We saw the way staff members talked with patients, carers and/or family members.
- Reviewed 2 comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

Safety within the practice was monitored using information from a range of systems including the reporting and recording significant events.

- Staff members told us they would inform the practice manager if any safety incidents occurred.
- The practice carried out thorough investigations of safety incidents and shared the learning with all staff members. Lessons learnt from incidents were shared to make sure action was taken to improve safety in the practice. We reviewed safety alerts and the minutes of meetings where they were discussed. Those involved received an explanation or apology from the practice when appropriate and were told about any actions to improve procedures and to prevent any similar events from occurring. An example was a late response from a patient request to be contacted by a GP by phone in relation to a prescription issue. As a result of this incident changes were made to improve their response to patients. These incidents had been reviewed on a regular basis to ensure that learning was embedded within the practice.
- Safety alerts were received by the provider, reviewed, shared with the staff team, and acted upon appropriately. We saw that patients' medicine was reviewed at regular intervals and changed when indicated.

### Overview of safety systems and processes

The practice had procedures and process in place to safeguard patients from abuse, which included:

- Arrangements to safeguard children and vulnerable adults that reflected the relevant legislation and local requirements. The policies were accessible to all staff and outlined who to contact about concerns in relation to patient's welfare. There was a GP lead for safeguarding and GPs attended local safeguarding meetings whenever possible. When required they provided reports for other agencies. Staff were able to show their understanding and responsibility concerning safeguarding. Staff members had received training the relevant for their role including the GP Lead.
- Chaperones were offered when required, there were notices in the waiting room and clinical areas that advised patients they were available. Staff who acted as a chaperone were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Appropriate standards of cleanliness and hygiene were seen at the premises. The practice lead nurse was the infection control lead and kept up to date with best practice. There was an infection control policy in place and staff had received role specific training. Infection control audits were carried out annually and we saw evidence that actions had been taken to deal with any changes that had been identified as a result.
- We checked and saw medicines were stored securely, in a clean and tidy manner and were only accessible to authorised staff. Medicines were purchased from approved suppliers and seen to be within their expiry date. Expired and unwanted medicines were disposed of in line with the practice medicines management policy and confidential waste was appropriately handled. We also saw there was a system in place to action any medicine recalls.
- Medicines requiring cold storage were kept in the refrigerators which were maintained at the required temperatures and staff knew what to do in the event of failure.
- There was a safe system in place to ensure that any change of medication on discharge from hospital or following a review from other services, was reviewed by a GP and the appropriate action taken in a timely manner.
- The nurses either prescribed vaccines or administered vaccines using directions that had been produced in line with legal requirements and national guidance.
- Blank prescription forms; including those used in the printers for computer generated prescriptions, were kept securely and only accessible to authorised staff, were tracked through the practice in accordance with national guidance for blank prescription forms for use in printers.
- The arrangements for emergency medicines, medicine management and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).

## Are services safe?

- The practice carried out regular medicine audits, with the support of local medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- We reviewed five personnel files and found 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.
- The results for cervical screening were checked and followed up all the samples sent for the cervical screening programme to check they had received a result. The practice followed-up women who were referred as a result of abnormal results.

### Monitoring risks to patients

- Procedures were in place to monitor and manage risks to patient and staff safety. Within the reception office there was a current health and safety poster and a policy available which identified local health and safety representatives. Electrical equipment seen had been checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. There were a number of other risk assessments in place to monitor the safety of the premises such as the control of substances hazardous to health, infection control, and legionella testing (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The premises and equipment at the practice were appropriate for patients and well maintained to keep patients and staff safe.
- The practice fire equipment was suitable and had been checked to ensure it was safe. Fire drills were carried out regularly to ensure staff knew how to act and keep people safe in the event of a fire.

- The practice manager planned and monitored the number of staff and the role mixes of staff needed via a rota system to meet patients' needs.

### Arrangements to deal with emergencies and major incidents

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

- The practice computer system in the consultation and treatment rooms had an instant messaging system which could alert all staff members within the practice to any emergency.

All staff members had received basic life support training on an annual basis.

- Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included medicines for the treatment of cardiac arrest, anaphylaxis, meningitis, seizures, asthma and hypoglycaemia. Processes were in place to check these medicines regularly; all medicines were found to be in date.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were also available.
- The practice business continuity plan was in place to provide information for staff members in the event of a major incident such as power failure or building damage. The plan included staff roles and responsibilities in the event of such incidents and emergency contact numbers for staff members and connected utility services.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. Clinical staff had access to guidelines from NICE and used this information to develop patient care and treatment to meet their various needs.

### Management, monitoring and improving outcomes for people

The information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published data of the total number of points available results were 98% which was 3% above other practices in the local area and 3% above the national average of the total number of points available. The practice exception reporting was 9% which was in line with local CCG practices and the England average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators were either inline or better than the national average. The percentage of patients with diabetes, on the practice register, who had received the appropriate blood checks in the preceding 12 months, was 75% in comparison to 77% for the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 90% which was better than the national average of 78%.
- Performance for mental health related indicators were either inline or better than the national average. The percentage of patients with schizophrenia, bipolar

affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 91% which was better than the national average of 88%.

Clinical audits demonstrated quality improvement.

- There had been nine clinical audits completed in the last two years, two of these were completed audits, where the improvements made were implemented and monitored. Where areas for improvements were identified the practice had acted promptly to address these.
- There were also seven audits the practice had run in the last year to ensure they maintained and improved the quality of service they provided.
- We also saw that the practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Audit findings were followed up and re-audited to ensure the practice had improved patient outcomes. For example, the practice reviewed patients, nominated GP when a GP retired and there was a change to the practice partnership. The initial check was run in November 2015 and then re-run a month later in December 2015 to ensure patients had been allocated a nominated GP appropriately according to their age or long term condition.

Information about patients' outcomes was used to make improvements such as identifying patients who have previously been coded as requiring egg free flu vaccine due to allergy.

### Effective staffing

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

- The practice had an induction process for new staff. We spoke with a recently appointed staff member who told us the practice induction programme had given them confidence and prepared them for their new role. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could show they provided role-specific training and updates for staff members. Staff administering vaccinations and taking samples for the



# Are services effective?

## (for example, treatment is effective)

cervical screening programme had received specific training which had included an assessment of competence and regular audits to verify. Staff who administered vaccinations could demonstrate their training and understanding of immunisation programmes, for example by access to on-line resources and discussions at practice and team meetings.

- We saw appraisals were used by management to identify staff training needs. We were told how staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Most staff members we spoke with had received an appraisal within the last 12 months and those that had not were scheduled.
- Training received included: safeguarding, basic life support skills and confidentiality. Staff were able to access 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 clinical staff members in a timely and accessible manner through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records, investigative processes, communications, patient discharge notifications, and test results. A comprehensive library of patient information such as NHS patient information leaflets were available in a patient accessible area of waiting room.
- When the clinicians referred patients to other services they shared relevant information in a timely way.
- Staff communicated with multidisciplinary teams to meet the range and various patient needs. For example we reviewed meeting minutes that showed all staff members were involved in patient care and had access to the information being discussed.

Staff worked together and with other health and social care services to understand, meet, assess, and plan on-going care and treatment for patients. This included when patients were referred to other services, or discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were discussed, reviewed, and updated.

### Consent to care and treatment

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

- < > members knew the relevant consent and decision-making process and had an understanding of the legislation and guidance; this included the Mental Capacity Act 2005. Staff members carried out assessments of capacity to consent in line with relevant guidance prior to providing care and treatment for children and young people.
- When mental capacity to consent to care or treatment was unclear clinicians assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

The practice held a register of patients who may need extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition or those requiring advice regarding their diet, smoking and/or alcohol cessation. We saw evidence that patients were signposted or referred to the appropriate and relevant services.

The practice's uptake for the cervical screening programme was 80% which was in line with the national average of 81%. There was a procedure in place to send up to six reminder letters to patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend other national screening programmes for example bowel and breast cancer screening was above the average compared with other CCG practices and national practice average data.

Childhood immunisation rates for the vaccinations given were higher compared to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 95% and five year olds from 98% to 94%.

Patients had access to appropriate health assessments and clinical checks. These included new patient health checks, NHS health checks for people aged 40 – 74 and senior health checks. Appropriate follow-up appointments were made for any issues raised during health assessments and long term condition reviews.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During the inspection we observed members of the reception staff to be courteous and very helpful to patients, this included treated them with dignity and respect.

- Patients' privacy and dignity during examinations, investigations and treatments was maintained by the provision and use of disposable curtains that were changed regularly.
- Patients told us they were treated well with consideration, dignity and respect and involved in the decisions about their care and treatment. All the patients we spoke with on the day told us it was a very caring and, family orientated practice and all the staff members were helpful.
- Consultation and treatment room doors were closed during consultations, and in the upstairs waiting room the radio ensured conversations taking place could not be overheard.
- Staff members at reception recognised when patients appeared distressed or needed to speak about a sensitive issue. We were told these patients could be offered a private room to discuss their issues or problems.

The two Care Quality Commission comment cards collected were extremely positive about the standard of care received. Comments referred to helpful reception staff and six patients that spoke with us on the day of inspection said they were more than satisfied with the services the practice provided.

Results from the national GP patient survey showed their percentage results were comparable to other practices in the local CCG area and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of respondents said the GP was good at listening to them compared to the CCG average of 87% and national average of 88%.
- 85% of respondents said the GP gave them enough time (CCG average 86%, national average 86%).

- 92% of respondents said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 84% of respondents said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 92% of respondents said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).
- 79% of respondents said they found the receptionists at the practice helpful (CCG average 85%, national average 86%).

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

During the inspection the six patients we spoke with told us they felt involved in the decision making process during the care and treatment they received. They also told us they felt listened to and supported by staff and given sufficient time during consultations to make decisions about the choice of treatment available to them. Patient feedback on the comment cards we received was positive and reflected these views.

Results from the national GP patient survey showed patient's responses were comparatively similar to local area and national averages about questions involving planning and making decisions about their care and treatment. For example:

- 86% 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%.
- 76% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 81%).
- 87% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

Staff told us they had a hearing loop for patients living with deafness and translation services were available for patients who were did not have English as a first language. We saw notices in the reception areas informing patients these services were available.

## Are services caring?

### **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 if they were a carer. The practice computer system alerted practice staff if a patient was also a carer so that carer's could be given extra consideration when being given appointments to ensure they could meet their caring responsibilities. The practice had 314 patients on their register of carer's which equated to 3% of the practice

population. Written information was available within the practice and on the practice website to direct carers to the various avenues of support available for them. The practice also had 68 patients on their register of people living with a learning disability which equated to 3% of the practice population.

Staff told us that if families had suffered bereavement, their usual GP contacted them. The bereaved were offered an appointment at a flexible time to meet the family's needs.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice assessed the needs of its local population and engaged with the NHS England Area Team. GPs at the practice worked with the local area Clinical Commissioning Group (CCG) to ensure improvements to local services when they were identified. CCGs are clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

- The practice offered one extended early morning clinic starting at 6.45am on Tuesdays and one extended Thursday evening clinic 6.30pm to 7.30pm for patients who could not attend during normal opening hours.
- The practice provided longer appointments to patients living with a learning disability.
- Home visits were available for housebound patients and patients for who would benefit from them.
- Appointments were available on the same day requested for children and those with serious and urgent medical conditions.
- Patients were able to receive travel vaccinations available on the NHS. Patients were referred to other clinics for vaccines only available privately.
- There were accessible facilities, a hearing loop, and translation, services available at the practice.

### Access to the service

The practice opening hours and clinical sessions were Mondays, Wednesdays and Fridays 8am to 6.30pm, morning sessions were between 8am to 1pm and afternoon sessions between 2pm to 6.30pm. Tuesday's opening hours and clinical sessions were from 6.45am to 1pm and 2pm to 6.30pm, and on Thursdays 8am to 1pm and 2pm to 7.30pm.

The practice had opted out of providing GP out of hour's services. Patients requiring a GP outside of normal practice working hours were advised to contact the 111 non-emergency services. Patients requiring emergency treatment could contact the out of hour's service which was provided by Care UK.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was varied against local and national averages.

- 72% of patients that responded were satisfied with the practice's opening hours compared to the national average of 75%.
- 68% patients that responded said they could get through easily to the surgery by phone (national average 73%).
- 77% of patients that responded said they always or almost always see or speak to the GP they prefer (national average 76%).

All those patients we spoke with on the day of inspection told us they were able to obtain an appointment when they needed one, and knew how to contact the surgery through various routes.

### Listening and learning from concerns and complaints

The practice had an effective system to manage complaints and concerns.

- Their complaints policy was in line with recognised guidelines for GPs in England.
- There was a named designated staff member within the practice to manage all complaints.
- We saw that information was available to help patients understand the complaints system. For example; notices displayed a complaints leaflet available and information on the practice website.

We looked at 14 complaints received in the last 12 months and found these had been dealt with in a timely way with the openness and transparency described in their policy. Lessons that were learnt from the concerns or complaints had been acted on and actions had been undertaken from the findings to improve patient care. We noted that the findings and actions were shared with all staff members to ensure practice wide learning.

# 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 mission statement captured the concept to deliver high quality care through good communication and effective team work. Staff members were reminded of the practice mission statement with notices appended to all administration doors and in reception for patients.

- The GP partner's philosophy was to offer the highest standard of healthcare and advice to their patients, using the resources available.
- The practice had a strong strategy and supporting business plan which was available to all staff members.

### Governance arrangements

The practice had an overarching governance framework of practice specific policies and procedures which supported the delivery of their strategy and good quality care. This outlined the staff responsibilities, structures and procedures in place to ensure:

- The staff structure was understood by staff members who were aware of their both their own and colleague's roles and responsibilities.
- Practice specific policies were reviewed and regularly updated to ensure they met current guidelines and legislation. Staff told us they were easy to access and understand.
- The practice management team had a comprehensive understanding of their performance which supported them to maintain and improve patient care where needed.
- The practice used internal audits they produced to monitor both clinical and non-clinical quality and to make improvements.
- Risks were well managed, and actions were taken to improve patient care were well documented and followed up.

### Leadership and culture

The partners in the practice had local experience, capacity and capability to lead the practice and ensure high quality care was provided. They prioritised safe, high quality and

compassionate care. The GP partners were visible in the practice and staff members told us they took time to listen to them and supported their views on any improvement suggestions.

The GPs encouraged a culture of openness and honesty and were aware of and complied with the requirements of the 'Duty of Candor'. The practice had arrangements and knew how to deal with notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- Actions were taken to improve practice processes and prevent future incidents. Those people involved received a truthful and honest explanation with an apology when it was appropriate.

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

- Staff members told us they were involved in the regular practice team meetings.
- Staff told us they appreciated the open culture within the practice and were given the opportunity to raise any issues at team meetings and felt confident in doing so and supported when they did.
- Staff members told us they felt respected, valued and supported, particularly by the management and GPs in the practice. Within the minutes of staff meetings we saw that staff members were involved in discussions about how to run and develop the practice. The management and GPs encouraged staff members in attendance to identify opportunities at the practice to improve the service they delivered.

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

The practice encouraged and valued feedback from patients, the public and staff. They used the feedback gathered from their patient participation group when the practice wanted their patient's opinion or suggestions.

- The practice had gathered feedback from patients through the GP appraisal system.
- The practice had gathered feedback from staff through staff meetings, appraisals and ad-hoc discussions. Staff

# Are services well-led?

Good 

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

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 the running of the practice.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. They worked well with their virtual Patient Participation Group who volunteered to work for example supporting the delivery of the flu clinics at the practice.