Park Lodge Medical Centre

Inspection 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 location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

This practice is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

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

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

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

People whose circumstances may make them vulnerable– Good

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

We carried out an announced comprehensive inspection at Park Lodge Medical Centre on 10 April 2018. The location registered with CQC in April 2017 and this was the first inspection of the location under this registration. The practice was previously registered to a different provider and had been inspected under that registration on 31 March 2016.

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Patient feedback indicated that people sometimes found it difficult to gain access to the practice by telephone, although they were usually able to get an appointment when they did get through.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- The practice should review its telephone system and staffing level at reception in response to patient feedback.
- The practice should review its processes for ensuring all staff are up to date with mandatory training.
- The practice should review its policy on exception reporting and consider making arrangements to remove patients no longer with the practice.
- The practice should review processes used to manage patient related correspondence with a view to ensuring that that all correspondence, including non-urgent items, are managed in a timely manner.

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

Population group ratings

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

Our inspection team

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

Background to Park Lodge Medical Centre

Park Lodge Medical Centre was previously registered to a different provider and was inspected under that registration on 31 March 2016. Following the inspection of March 2016, Park Lodge Medical Centre approached Winchmore Hill Practice to provide support and this commenced in October 2016.

In April 2017, the previous provider cancelled their registration and the practice was registered by the partners of Winchmore Hill Practice. The original building in which the practice was located required a significant level of investment. For this reason the partners applied to NHS England to relocate the premises to the same building occupied by Winchmore Hill Practice, this took place in October 2017. Although Park Lodge Medical Centre holds a General Medical Services contract and Winchmore Surgery hold a Personal Medical Services contract, Park Lodge Medical Centre patient records are maintained on Winchmore Surgery's computer systems. All policies and procedures are shared and all aspects of patient care is provided by Winchmore Surgery without differentiation.

Park Lodge Medical Centre is co-located with Winchmore Surgery and shares all staff and resources and as a combined entity, the two practices are a training practice that trains GP trainees, foundations doctors and nurses. It is located within a modern and purpose built medical centre within the Winchmore Hill area of north London. It is one of the practices within the NHS Enfield Clinical Commissioning Group.

The practice is run by three female and two male GP Partners. In addition, there are six female salaried GP's; one male and four female GP trainees; four female nurses; a healthcare assistant; and twenty-one administrative staff members.

Park Lodge Medical Centre has a reported patient list of 7,500. However, due to a number of IT issues since the changes to the provider of the service, the practice told us they had nearer 6,300 patients.

Park Lodge Medical Centre operates regulated activities from a single location and is registered with the Care Quality Commission to provide treatment of disease, disorder or injury, surgical procedures, family planning, diagnostic and screening procedures and maternity and midwifery services.

The practice is open Monday to Friday:

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- Monday 8.00am to 8:00pm
- Tuesday 8:00am to 6.30pm
- Wednesday 8.00am to 8:00pm

- Thursday 8:00am to 6.30pm
- Friday 8:00am to 6.30pm

An out of hour's service provided by a local deputising service covers the practice when it is closed. If patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on their circumstances. Information on the out-of-hours service is provided to patients on the practice website as well as through posters and leaflets available at the practice.

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

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

- The practice carried out safety risk assessments and had a range of safety policies, which were stored on a shared drive on the computer system, and staff were all aware of how to access these.
- Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance and staff we spoke with were all aware of the safeguarding lead GP and what to do if they had safeguarding concerns.
- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All but two members of the administrative staff had received up-to-date safeguarding and safety training appropriate to their role, shortly after the inspection we were provided with evidence that these two members of staff had updated their safeguarding training.
- Staff at all levels knew how to identify and report safeguarding concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a 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.
- We saw evidence of how the practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. The safeguarding lead GP for the practice was also the safeguarding lead for the local Clinical Commissioning Group. They attended regular safeguarding leads' networking meetings and undertook case audits and pathways reviews. Learning points were shared with staff at the practice.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control (IPC). The lead nurse was the IPC lead. She had received appropriate training to enable the role to be carried out effectively. Audits had been undertaken and actions identified as a result had been implemented. On the day of the inspection, we found that one disposable privacy curtain had not been changed for more than six months. However, this was rectified immediately and we saw that a new curtain had been put in place before we left the location.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. All electrical equipment received annual portable appliance testing and clinical equipment had been calibrated.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. We were told that the practice had recently identified delays managing patient related correspondence and had increased the resource available for this process. We were told that the impact of this increase had not yet been formally measured.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections

including sepsis. Reception staff were trained on how to identify patients in need of urgent attention and the computer system allowed them to send an emergency message to all staff for assistance.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. We saw a variety of templates on the computer system for specific conditions, such as asthma, diabetes and depression to facilitate comprehensive recording of all relevant information in the patient record. These care records showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- There was a system in place for managing test results and triaging urgent and acute correspondence.
- On the day of the inspection there was some concerns regarding non-urgent correspondence as we noted a backlog of approximately 600 items of correspondences awaiting scanning and sending to relevant clinicians. We were informed that this was due to lack of staffing which the practice had addressed by recruiting to vacant administrative staff posts. These new staff were in post and working through the backlog during our inspection.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice had appropriate systems in place to assess and identify medicines that it should stock.
- The practice had recently employed a pharmacist who's responsibilities included carrying out a programme of medicines reviews and liaising with the local CCG prescribing team with a view to improving medicines optimisation. The pharmacist was supervised by GPs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned/did not learn and made/make improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, due to an administrative error, the wrong blood test results were sent to a patient. Following investigation and discussion the practice recognised the potential for this to happen again and changed their processes in order to minimise this risk.
- There was an effective a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. Processes had been updated to ensure actions were completed and documented and there was evidence that these processes were fully embedded. We saw from meeting minutes that relevant alerts were also shared with the wider team.

Please refer to the Evidence Table for further information.

Good

Are services effective?

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

- Park Lodge Medical Centre registered in its current location in April 2017. This means that Quality Outcomes (QOF) data for 2016/17 relates to performance under the previous registration. On the day of the inspection, we reviewed unvalidated QOF data for the period between 01/04/2017 to 31/03/2018. QOF is a system intended to improve the quality of general practice and reward good practice.
- Unvalidated data for 2017/2018 indicated that the practice had achieved 83% of the total number of points available. Comparisons with local and national averages were not available at the time of the inspection. The practice told us that delays deducting patients who had recently registered with alternative providers from the patient list meant that QOF data for 2017/2018 may be unreliable as calculations were made against a larger number of patients than were actually provided with care by the practice. We were told that the practice was continuing to work with NHSE to resolve this anomaly. A CQC GP specialist adviser reviewed the unvalidated data and noted that a significant number of patients could have been excepted from QOF performance which would have been likely to have had a positive impact on performance.

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty.
- Those identified as being frail had a clinical review including a medicine review. This ensured polypharmacy was reduced, and for those patients nearing end of life only appropriate medicine was continued after discussing with the patients and their carers.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice worked with multi-disciplinary teams closely and took part in the CCG locality integrated care plan. We were informed that this resulted in a reduction of the their patients' A&E admissions.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.

Good

Are services effective?

- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 72%.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice promoted online access in several ways and a patient leaflet had been devised to explain the process.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- All staff were trained in domestic abuse and a common referral process had been embedded. The domestic abuse service was promoted in the waiting room.
- The practice placed alerts on patient records to show that they were vulnerable.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medicines.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months.
- 75% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 80% of patients experiencing poor mental health had received discussion and advice about alcohol consumption.
- The practice offered regular health checks to patients with a learning disability.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Clinical and administration staff took part in local and national improvement initiatives.

Good

Are services effective?

- The practice had carried out a number of audits in the last year to improve the quality of care. For example, NICE guidelines state that women diagnosed with gestational diabetes during pregnancy and whose blood sugar level go back to normal after giving birth, should have an annual HbA1c test. The practice conducted an audit and noted that only 33% of patients who were eligible had had this test. The practice shared the results and provided learning to clinical staff. The practice undertook a second audit cycle and found that over 50% of eligible patients had been tested. An HbA1c test checks the long-term control of blood glucose levels and can be used to detect diabetes.
- The practice told us that when they took over the practice, they noted that there was a high rate of unplanned hospital admissions and Accident and Emergency (A&E) attendance. The practice told us they had responded to this by increasing the number of same day appointments, telephone appointments and had put a duty doctor system in place. We were told that his had reduced the rate of unplanned hospital admissions and that A&E attendances had also decreased, although we were unable to see validated data which demonstrated the scale of the improvements.
- The practice was also involved in integrated care meetings and used a risk stratification tools to identify patients with complex needs who were at risk of a hospital admission.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long-term conditions and when coordinating healthcare for care home residents. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.

Good

Are services effective?

- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, it carried out in house stop smoking campaigns, tackling obesity clinics.

Consent to care and treatment

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

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

Please refer to the Evidence Table for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- On the day of the inspection we spoke with a representative of the Patient Participation Group (PPG) who was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Fourteen of the seventeen patient Care Quality Commission comment cards we received were positive about the service experienced. The negative comments were in relation to long telephone waiting times and long queues at the reception desk.

Involvement in decisions about care and treatment

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

- The PPG lead 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 positive and aligned with these views. We also saw that care plans were personalised.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Members of staff demonstrated how they would help patients who did not have English as a first language either through the internet and/or interpretation services.
- Children and young people were treated in an age-appropriate way and recognised as individuals. GPs understood that the needs of children were important and would discuss matters with them after assessing their capacity, if they requested consultations without their parents or guardians present.
- Staff helped patients and their carers find further information and access community and advocacy services. 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.
- The local area had a large elderly population and the practice proactively identified carers and supported them.

Privacy and dignity

The practice respected/did not respect patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.
- Chaperones were available on request and this was clearly signposted.

Please refer to the Evidence Table for further information.

Good

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- The practice had a duty doctor system in place and carried out home visits and telephone consultations for patients who were unable to attend the practice. The practice told us this had reduced avoidable hospital attendance.
- All patients have the option of leaving messages for their preferred doctor which allowed for better continuity of care.
- The practice employed female and male doctors.
- The practice was located in a modern two storey purpose built premises and was equipped with a lift which meant that patients all areas of the practice were accessible to people with impaired mobility.
- The practice made reasonable adjustments when patients found it hard to access services. For example, a hearing loop was available for patients who had difficulty hearing, interpretation services for those whose first language was not English and space for patients using mobility aids.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, including people who lived at home, in residential care homes and those who lived in supported living schemes.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. GPs accommodated home visits for those who had difficulties getting to the practice.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible and usually longer to meet each patient's specific needs.
- The practice held regular multidisciplinary meetings, for example with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice offered a comprehensive family planning and contraception service.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours on Mondays and Wednesdays until 8.00pm and telephone consultations.
- There was online patient access which allowed booking and cancelling appointments, prescription requests and viewing of medical summary. The surgery provided electronic prescribing allowing patients to nominate a pharmacy closer to their home or working place to collect their medication.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice.

Good

Are services responsive to people's needs?

- Pop up alerts were placed on all computer notes to alert all members of staff to vulnerable patients to allow them to meet their specific additional needs such as double appointments. Patients with learning disabilities were invited annually for a specific review.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- There were longer appointments available for patients with poor mental health.
- Patients who failed to attend appointments were proactively followed up by a phone call from a GP.

Timely access to care and treatment

Patients were able to access care and treatment from the practice when they were able to get through on the telephone. However, patients we spoke with, NHS choices website, the CQC comment cards and staff we interviewed highlighted difficulty in getting through to the practice on the telephone. Patients told us they chose to walk to the practice rather than wait on the telephone and even when attending in person there was long queues in reception.

- Patients were able to access initial assessment, test results, diagnosis and treatment once they had gained access to the reception staff.
- Waiting times, delays and cancellations of appointments were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available in the reception area and on the practice website.
- Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.
- The practice's management was aware of the complaints regarding long waiting times on the phone and long queues in reception. Staff we spoke with explained that the delays in reception had begun when Park Lodge Medical Centre had had to relocate at short notice which meant there had been a significant increase in activity whilst the number of staff available had not increased. The practice told us the reception team had only recently reached full capacity. Practice management also told us that it was actively reviewing its telephone facility to introduce additional features which would reduce call waiting times.

Please refer to the Evidence Table for further information.

Good

Are services well-led?

We rated the practice and all of the population groups as good for providing a well-led service.

Leadership capacity and capability

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

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them such as the long telephone waiting times.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.
- Clinical supervision was undertaken on a regular basis to provide support, identify strengths and also any training needs.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patient population.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Good

Are services well-led?

- All major decisions made in the practice were discussed and agreed by the partners and members of staff were consulted.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group with whom they met regularly. The PPG lead told us that they felt valued by the practice and that the practice always listened and responded to their comments.
- Bi-monthly clinical and administrative meetings were taking place.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints.
- Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the Evidence Table for further information.