

Deer Park

Quality Report

Deer Park Medical Centre,
Witney,
Oxfordshire
OX28 5YT
Tel: 08444773441
Website: www.virgincare.co.uk

Date of inspection visit: 27 September 2016
Date of publication: 21/11/2016

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Deer Park	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Deer Park on 27 September 2016. Overall the practice is rated as good. However, improvements were required in providing effective services. Our key findings were as follows:

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

- The practice's patients and staff had recently been informed that the practice was closing in March 2017. The patient list was to be dispersed among the local population.
- There was a system in place for reporting and recording significant events and for learning to be circulated to staff and changes implemented where required. Reviews of complaints, incidents and other learning events were thorough.
- Risks to patients were assessed and well managed.
- Staff assessed patients' ongoing needs and when they delivered care to patients it was in line with current evidence based guidance.

- The practice was performing well on most clinical outcomes in terms of national data. However, national data suggested patients did not always access reviews of their conditions or meet standards of managing their care in line with national guidance as in some clinical areas there were significantly higher instances of patients not being included in national data outcomes.
- Reviews of patients on repeat medicines were not always recorded properly to ensure this system was monitored properly and this had not been identified as an area for improvement or further monitoring.
- The practice planned its services based on the needs and demographic of its patient population.
- There were well developed processes to ensure the continuity of care, particularly for patients with the most complex health needs.
- Staff were trained in order to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patient feedback in the CQC comment cards suggested patients felt staff were caring, committed and considerate.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the duty of candour.
- There was an ethos of continuous learning and improvement.

Areas the provider must make improvements are:

- Identify, mitigate and improve the monitoring of patient care to ensure patients receive effective care

and treatment. Specifically improve the recording and monitoring of medicine reviews and identify means of improving take up of health checks for patients with long term conditions.

Areas the provider should make improvements are:

- Ensure that where tasks are required and identified (such as those identified through risk assessments) that these are completed. Specifically, ensure that water temperatures are tested in line with the legionella assessment and that deep cleaning required in the infection control audit is undertaken.
- Review and assess the provision of Hepatitis B immunisation to reception staff.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Lessons were shared to make sure action was taken to improve safety in the practice as a result of significant events.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Arrangements were in place to safeguard children and vulnerable adults from abuse.
- Equipment was checked and calibrated.
- There were health and safety policies in place.
- Risks to patients were assessed and well managed. However, some actions such as deep cleaning of carpets, were not undertaken in a timely way following identifying the need to complete such actions.
- Medicines were obtained, stored and administered safely.

Are services effective?

The practice is rated as requires improvement for providing effective services.

Requires improvement



- The most recent published results showed 98% of the total number of points available compared to the clinical commissioning group (CCG) average of 97% and national average of 95%. However, there was a lack of responsiveness to poor performance regarding patients not included in data regarding the delivery of care and in response to low numbers of recorded reviews for patients on long term medicines.
- For example, cancer exceptions were 25% compared to 11% locally. Hypertension exemptions were 6.5% compared to 4.5% locally.
- Only 56% of patients on less than four repeat medicines and 70% of patients on four or more medicines had up to date medicine reviews.
- Diabetes results in national data showed positive performance results in 2015 and 2016.
- Clinical audits demonstrated quality improvement.
- There was a strong ethos of staff development and training. They had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice similarly or higher than others for several aspects of care. In the practice's own survey in 2016 84% of patients reported being very happy about being involved in decisions about their care, 90% reported being happy overall with involvement in decisions and, 9% stating this was not relevant to them.
- Patient feedback from comment cards stated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population to secure improvements to services where these were identified. For example:
- Smoking cessation support was provided in patients' homes where there was difficulty in them attending the practice or travelling to cessation clinics.
- A walk-in service was provided Monday and Friday morning to support patients with minor illnesses and other concerns which may require nurse or GP appointments at short notice.
- Flags or alerts were used on the record system to enable staff, including receptionists, to identify vulnerable patients who needed prioritisation or specific assistance.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Complaints were formally reviewed to identify trends and ensure changes to practice had become embedded.

Summary of findings

Are services well-led?

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

- The practice had a clear vision and staff were clear about the vision and their responsibilities in relation to it.
- There was an open culture and all staff groups were committed to the need of the patient population.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. However, not all data was reflected and responded to where improvements were identified.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and involved by the GPs and practice manager.
- There was a strong ethos of continuous improvement and learning. Staff were encouraged to undertake training and new roles where they wished to.

Good



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 high proportion of older people in its population.
- GPs offered personalised care to patients in care and nursing homes.
- The premises were accessible for patients with limited mobility.
- A hearing loop was available for patients with hearing difficulties.
- Patients over 75 had a named GP to maintain continuity of care.
- Care planning was provided for patients with dementia.
- There was support provided for carers where necessary through referrals to external services and charities.
- GPs regularly visited nursing and care homes to enable them to provide the necessary care and treatment to these patients.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and had appropriate training.
- Patients at risk of hospital admission were identified as a priority.
- The most recent published results showed that overall the practice was performing well compared to national averages. However, there was higher than average numbers of patients not included in national data in specific clinical areas.
- All these patients were offered structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Good



Summary of findings

- Immunisation rates were similar to average for all standard childhood immunisations.
- Staff explained how they treated children and young people in an age-appropriate way including recognition of their rights to access treatment.
- We saw positive examples of joint working with midwives and health visitors.
- Joint working with external organisations took place in the management of children at risk of abuse.
- The practice provided staff with training on female genital mutilation and how to report and respond to any instances or risks of this occurring.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been considered and the practice had adjusted the services it offered enable continuity of care.
- Patients' feedback on the appointment was very positive.
- A walk in service supported the working age population to see a GP or nurse at short notice.
- The appointment system was monitored to identify improvements where possible.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Travel vaccinations were available.
- There were no extended hours appointments available.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for vulnerable patients.
- A temporary registration process was available to patients who may be in the area for a short period of time and who needed to see a GP.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Joint working with external organisations took place in the management of patients at risk of abuse or harm.

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).

- Performance for mental health related indicators was 100% compared to the national average 92% and regional average of 95%.
- The proportion of patients on mental health register with an up to date care plan was 81%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- We saw dementia care planning included comprehensive information regarding relevant medical history, patient preferences, changes to medicine, regular reviews and significant others in patients' lives.
- The practice carried out advanced care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing better than local and national averages. There were 260 survey forms were distributed and 110 were returned. This represented 2.5% of the practice's patient list.

- 91% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 91% of patients described the overall experience of this GP practice as good compared to the national average of 85% and CCG average of 90%.
- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78% and CCG average of 83%.

We received 44 patient Care Quality Commission comment cards. They were very positive about the services received and the caring nature of staff. There were three negative comments but no themes emerged from these comments.

The practice undertook the friends and family test. Figures from September 2015 to September 2016 showed 562 patients rated how likely they were to recommend the practice and 89% of these patients were likely or very likely to recommend the practice. Only nine patients stated they were unlikely or very unlikely not to recommend the practice with the remaining patients unsure.

Deer Park

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser and an assistant inspector.

Background to Deer Park

We undertook an inspection of this practice on 27 September 2016. The practice provided services from Deer Park Medical Centre, Witney, Oxfordshire, OX28 5YT. The service provider is Virgin Care.

Deer Park has a purpose built location with good accessibility to all its consultation rooms. The practice serves 4,410 patients from the surrounding area. The practice demographics show that the population has a lower proportion of patients over 65 compared to the national average, but cares for patients in local care and nursing homes. There was a higher prevalence of patients under 18 years old and patients in their 40s. The practice had a low proportion of patients from ethnic minority backgrounds. A traveller community resided locally and the practice care for some of the patients who were part of this community. There is minimal social deprivation according to national data.

There were local and provider level governance structures supporting the delivery of services. Staff were supported by clinical leads within the practice and at provider level. There were meetings provided for staff but also at the provider level as part of the system of clinical governance.

The provider's contract is due to end in March 2017 and the patient list will be dispersed among the practices in the local area.

- There is a clinical lead working at the practice supported by clinical expertise employed by the provider. There are two male and one female GP working at the practice, two locum nurses and a healthcare assistant. A number of administrative staff and a practice manager support the clinical team.
- There are 2.7 whole time equivalent (WTE) GPs, the nursing hours varied per week. This was usually two days of nursing support, providing immunisations and some long term condition reviews.
- Deer Park is open between 8.00am and 6.30pm Monday to Friday. There are no extended hours appointments available. A walk-in service is available Mondays and Fridays.
- Out of hours GP services were available when the practice was closed by phoning 111 and this was advertised on the practice website.
- The practice had an Alternative Provider Medical Services (APMS) contract. APMS contracts enable local commissioners to provide tailored primary medical services within their area aimed at meeting requirements they deem to be necessary based on local needs.

The practice was not registered for the regulated activity of Diagnostic and Screening Procedures. It is a requirement of the Health and Social Care Act 2008 that providers must register with the commission to provide any activities which fall under the scope of regulation. We are in discussion with the provider to determine whether they are registered appropriately.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 September 2016. During our visit we:

- Spoke with a range of staff, including three GPs, two members of the nursing team, members of the leadership team from the provider and support staff based at the practice, including the management team.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The practice had a system in place for reporting, recording and monitoring significant events. We reviewed safety records, incident reports, and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice:

- Staff told us that they would inform the practice manager of any significant events and complaints. We saw that there was a standard form for recording events.
- Complaints, incidents and concerns about care or treatment were recorded, reviewed and any action required to improve the service were noted.
- When a significant event had been investigated the findings would be fed back to the staff in clinical team meetings (GPs and Nursing staff) or individually to staff. For example, there was an incident when a locum GP was requested from an agency but the locum sent for a day's work at the practice was not on the GP register. As a result any patients seen by this locum were re-consulted and the process staff checks for any agency staff was changed to provide more robust checks.
- There was evidence of formal reviews of significant events and complaints to ensure themes were identified and that changes to process were embedded in practice.
- Medicine and equipment alerts were received by the clinical lead and disseminated to the relevant staff. Decisions were taken as to what action was required by the lead. These were recorded in a central location so that staff could access them.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. There were contact details for further guidance if staff had concerns about a patient's welfare. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults. GPs were trained to child protection or child

safeguarding level three and received appropriate adult safeguarding training. Nurses received level two child safeguarding training. GPs attended multidisciplinary team meetings to discuss vulnerable patients and also provided information to case conferences where required. A safeguarding audit led by the local clinical commissioning group (CCG) was undertaken at the practice. Staff had received training regarding female genital mutilation and the need to report any instances identified in patients under 18 years old. Safeguarding meetings for vulnerable adults and children were attended by GPs. We received examples where GPs had represented vulnerable adult patients and children at safeguarding meetings and knew these patients very well. This enabled them to influence the decisions made to protect these patients from harm, but also to ensure their individual needs and preferences were respected.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained and had Disclosure and Barring Service (DBS) checks. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). There was a supporting policy for chaperones. Some staff informed us they felt there was a need to have male chaperones for certain procedures as well as female chaperones available.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed that the practice was clean and tidy. There was an audit tool used to identify any improvements in infection control and we saw the last audit was undertaken in May 2016. This identified chairs required repairing or replacing and that carpets needed deep cleaning, among other actions. We saw most actions were completed. However, deep carpet cleaning had not taken place. These were only located in the communal areas and consultation rooms, but not treatment rooms, so the risk of infection was low. All staff received relevant infection control training. This included training for reception staff on how specimens handed in by patients at reception. Checks of cleanliness were undertaken and regular conversations with the cleaning contractor took place where improvements were required. There was an infection control protocol in place. This included a sharps injury protocol (needle stick injury). This was available to staff in consultation rooms and on the

Are services safe?

shared computer drive. Clinical waste was stored and disposed of appropriately. Appropriate sharps containers were used and removed before becoming overfull. Disposable privacy curtains were used and had expiry dates to indicate when they needed changing. These were within date.

- Medicines were managed safely. We checked medicine fridges and found fridges were monitored to ensure temperatures were within recommended levels for storing vaccines and other medicines. Records showed fridges were within recommended levels. Blank prescription forms and pads were securely stored. We saw that medicines stored onsite were within expiry dates and stored properly. There were processes for disposing of out of date medicines. Nursing staff received training and had access to necessary information on administering vaccines.
- Patient Group Directions (PGD's) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Where Patient Specific Directions (PSDs) were required these were properly recorded and authorised per patient. This ensured that patients received medicines in line with national guidelines and that they were safe to administer to specific patients.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. This ensured that staff were fit to work with patients. Hepatitis B immunisation was not checked or offered to reception staff. This may have posed a risk due to working in an environment where there was a potential risk of infection.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

- There were health and safety related policies available. Staff had received relevant in health and safety. The practice had risk assessments in place to monitor safety of the premises such as control of substances hazardous to health.

- There was a legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Action had been taken as a result of the risk assessment, such as regular flushing of water outlets and annual testing for legionella in water tanks. However, temperature checks had been identified as an action but had not been done by staff since the risk assessment in October 2015.
- Staff at the practice had received fire training. There was a fire risk assessment. A log of maintenance, staff fire training and alarm testing was held.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was calibrated to ensure it was working properly.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. For example:

- The practice had an automated external defibrillator and clinical staff received training in how to use this. Oxygen was stored onsite and this was checked regularly to ensure it was working and well stocked.
- There were emergency medicines onsite and these were available to staff. These included all medicines which may be required in the event of a medical emergency. For example, atropine was available as contraceptive coils were fitted onsite. However, there was only a solution of glucose for the event of any diabetics experiencing hypoglycaemia. This would require an intravenous to be used and a trained member of clinical staff to do so. Therefore there was a risk this may not be able to be administered. The practice purchased an appropriate replacement for the solution within 24 hours, which enabled quick administration from anyone with training, including non-clinical staff if necessary.
- Staff had received basic life support training.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and reviewing templates used to deliver patient reviews.
- Training was provided to nursing staff to enable them to assess and plan care for patients with long term conditions.
- A walk-in service was provided Monday and Friday mornings to support patients with minor illnesses and other concerns which may require nurse or GP appointments at short notice. Waiting times were monitored and staff informed us patients were usually seen in 30 to 45 minutes with the longest waits at peak times never exceeding one hour. The reception team had a 'red flag' system to identify if any patients had high risk symptoms such as chest pain so they could be referred straight to a GP. However, reception staff told us they did not ask patients attending the walk-in service whether their needs were urgent. Therefore they could not ask follow up questions to identify any urgent concerns listed on the 'red flag' system. Patients with a high risk concern may therefore not be referred straight to a GP. This risk was reduced due to the usual waiting times being short. Reception staff had a clear line of sight of the waiting area to identify any signs that patients may need of urgent medical attention, such as a patient collapsing.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed 98% of the total number

of points available compared to the clinical commissioning group (CCG) average of 97% and national average of 95%. The practice has a rate of 11% exception reporting compared to the national average of 9% and regional average of 10%. (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). However, there was higher than average exception reporting in some clinical areas. For example, stroke exceptions were 16% compared to 9% locally and cancer exceptions were 25% compared to 11% locally. The practice provided evidence for stroke indicators to show the exceptions related to a small number of patients and were appropriate. We were also provided with evidence exception reporting in cancer indicators was also not recorded properly and actually lower than the national data suggested. However, the practice had not identified the high exception reporting as a potential concern as part of their own system of monitoring. They had not responded by examining the data further, to ensure that these exceptions were always appropriate.

Data from 2015 showed:

- Performance for diabetes related indicators was 93% compared to the national average of 89% and regional average of 93%. Diabetes exception reporting was 13% compared to the CCG average of 13% and national average of 11%.
- Performance for mental health related indicators was 100% compared to the national average 92% and regional average of 95%. The proportion of patients on mental health register with an up to date care plan was 81%.

There was evidence of clinical audit which led to improvements in care:

- The practice participated in local audits, identified their own audits and national benchmarking. The practice had undertaken audits in several clinical areas. We saw clinical audits undertaken by staff at the practice had been repeated and identified improvements in care.
- For example, there was an audit into the use of a specific medicine which the practice had identified itself as prescribing more than may be necessary. The repeated audit showed an improvement in the prescribing of this medicine.

Are services effective?

(for example, treatment is effective)

Findings were used by the practice to improve some aspects of care. For example there was a mortality review regarding patient deaths in response to a specific report regarding the deaths of patients which identified concerns related to this area of care. This reviewed whether patients' preferences had been respected when they had care plans. This included patients' advanced wishes in planning the end of their lives. The review identified where patients end of life care could be improved.

However, there was a lack of responsiveness to poor data regarding national data outcomes regarding patients' care and in response to low numbers of recorded reviews for patients on long medicines. The practice identified prior to the inspection from the patient record system that 56% of patients on less than four repeat medicines and 70% of patients on four or more medicines had up to date medicine reviews. Although this system was monitored no action was underway to improve recording or medicine reviews to ensure patients were receiving timely medicine reviews.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff told us they could access role-specific training and updates when required and that there was a programme of training. A long term locum nurse was offered training on various topics and had access to care and treatment guidelines to support them in their role.
- Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice was planning for the handover of patients with complex needs and conditions, to other GPs as the patient list was dispersed to other local practices. The clinical leads were planning a four to six week hand over period.

Staff worked together with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. There was a list of 67 patients deemed at risk of unplanned admissions with a care plan in place.

Consent to care and treatment

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

- GPs and nurses understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- There was awareness of the Gillick competency (obtaining consent from patients under 16).
- There were processes for obtaining consent from patients either verbally or in writing where necessary.

Supporting patients to live healthier lives

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

- There was a register of 11 patients receiving palliative care and eight had care plans.

Are services effective?

(for example, treatment is effective)

- Additional support for carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation was available. Patients were signposted to the relevant service when necessary.

There were 536 smokers listed on the register and 99 had chronic diseases. The information sent to us prior to the inspection stated that 237 patients had stopped smoking as a result of cessation advice.

The practice's uptake for the cervical screening programme was 80%, which was similar to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Eligible patients were offered dementia screening. Of those 43 had undertaken early diagnosis screening. There were 10 patients diagnosed. We saw highly personalised care planning and delivery for patients with dementia. The practice had designed and implemented a dementia review tool which enabled highly personalised care. For example, this included an assessment on the level of independence the patient had, such as their ability to dress themselves. We saw dementia care planning included comprehensive information regarding relevant medical history, patient preferences, changes to medicine, regular reviews and significant others in patients' lives.

The practice also encouraged its patients to attend national screening programmes for bowel and breast

cancer screening. Of those eligible 52% had undertaken bowel cancer screening compared to the national average of 59%. Of those eligible 76% of had attended breast cancer screening within six months of being invited, compared to the national average of 73%.

The practice offering annual health checks to patients with a learning disability. There were six patients on the register and five had completed health checks so far this year. In addition the practice had a register of 27 patients with learning difficulties (patients who often lived independent lives but required some additional support) which enabled the practice to plan consultations and any care requirements with consideration to these patients' needs.

NHS Health checks were offered to patients and 27% of those eligible had received one in the last five years. In 2015/16 the practice had exceeded its projected uptake of 13.2%, achieving 14.6%. This was 4.6% higher than the locality average.

The practice offered chlamydia screening to its patients and 76 had been offered a test, 16% of the eligible population. Of these 16 screens had been undertaken in the previous nine months, covering 2.9% of the eligible population.

Childhood immunisation rates for the vaccinations were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% (CCG 93%) and five year olds from 94% to 100% (CCG 95%).

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We received 44 patient Care Quality Commission comment cards. All of the cards contained positive feedback about the practice. There were three which also contained negative comments. These did not contain any themes. We spoke with two members of the patient participation group (PPG). They were both positive about the service provided by the practice and the caring nature of staff. Comment cards noted how well supported patients felt by all staff and particularly how well receptionists supported them.

Results from the national GP patient survey showed patients felt they were generally treated with compassion, dignity and respect. The practice was higher than local and national average for most satisfaction scores on consultations with GPs and nurses. Feedback on the reception team was significantly high. The most recent results showed:

- 93% of patients said their GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% national average of 85%.

- 87% of patients said the last nurse they saw was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received on CQC comment cards. 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. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment compared to the national and local averages:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 85% and CCG average of 88%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared to the national average of 90% and CCG average of 91%.

In the practice's own survey in 2016 84% of patients reported being very happy about being involved in decisions about their care, 90% reported being happy overall with involvement in decisions and, 9% stating this was not relevant to them.

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

- Staff told us that translation services were available for patients who did not have English as a first language. Staff told us about occasions when they had used the service.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 69 patients as carers which was 1.6% of the practice list. There was information provided to carers by staff when deemed necessary. A member of staff acted as a carers lead.

The practice manager told us GPs contacted relatives soon after patient bereavements if they felt this was appropriate. Bereavement support was also available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and planned its services accordingly. For example:

- There were local travelling communities and the practice facilitated temporary registration for these patients and permanent registration if required. Although the list had closed temporary registration was available for any vulnerable patients seeking GP appointments.
- Smoking cessation was provided in patients' homes where there was difficulty in them attending the practice or travelling to cessation clinics provided elsewhere in the county. This encouraged patients to stop smoking with support where they may otherwise not have been as inclined or successful in trying.
- A walk-in service was provided Monday and Friday morning to support patients with minor illnesses and other concerns which may require nurse or GP appointments at short notice. The practice had partly implemented this due to having a large proportion of patients under 18 years old (24%). This provided children with easy access to drop in appointments.
- Flags or alerts were used on the record system to enable staff, including receptionists, to identify vulnerable patients who needed prioritisation or specific assistance.
- GPs regularly visited nursing and care homes to enable them to provide the necessary care and treatment to these patients.
- There were longer appointments available for vulnerable patients including those with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There was a hearing aid loop.
- Travel vaccines and advice were available
- The building was accessible for patients with limited mobility or disabled patients.
- There were disabled toilet facilities.
- Private breast feeding and a baby change facilities were available.

Access to the service

Deer Park was open between 8.00am and 6.30pm Monday to Friday. There were no extended hours. A walk-in service was provided Monday and Friday morning to support patients with minor illnesses and other concerns which may require nurse or GP appointments at short notice..

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were higher than most local and national averages, but slightly lower for some. For example:

- 94% found it easy to contact the surgery by phone compared to the CCG average of 84% and national average of 73%.
- 91% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 78% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 59%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the clinical commissioning group (CCG) average of 89% and national average of 85%.
- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.

A total of 54% of patients were registered for online appointments. Patients could also request repeat prescriptions online.

The practice had a system in place to assess:

- Whether a home visit was clinically necessary and
- The urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

Are services responsive to people's needs?

(for example, to feedback?)

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

We looked at several complaints received in the last 12 months and there was a process for assessing and investigating the complaint. They were satisfactorily

handled, dealt with in a timely way and that patients received a response with an outcome. For example, a complaint about the pricing for some travel vaccines not included on the NHS showed inconsistent pricing on different lists. The lists were amended to be consistent and the patient was informed and received an apology.

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 staff shared a clear vision to deliver a high standard of patient care.

- There was an ethos of patient centred care at the practice and this was reflected in discussions with staff. Staff had a clear priority of placing patients at the centre of their jobs and the services provided.
- In preparation for the closing of the practice and the dispersal of the patient list, the provider was planning how to safely hand over the care of its patients and maintain as much continuity in care as possible. For example, there were plans being formulated to provide continuity to patients with complex concerns by having a four to six week handover period with these patients to ensure that their new GPs would be able to understand and plan future care for these patients.

Governance arrangements

The practice had a governance framework which supported the delivery of its strategy.

- A programme of continuous clinical and internal audit demonstrated improvements where required.
- However, exception reporting and medicine review data had not prompted additional monitoring such as audit or patient record searches, to drive further improvements in these systems and ensure patients received reviews where required.
- Where the system of clinical governance identified improvements these were planned and implemented. For example, undertaking a mortality review to drive improvements in end of life care and lessons from unexpected deaths.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were available to all staff. These were regularly updated and provided specific information on providing safe and effective services.
- Risks to patients were assessed and managed. This included medicines management, infection control and safeguarding patients from abuse. However, some

actions from risk assessments or audits were not completed. For example, actions from the legionella risk assessment and infection control audit were not fully completed.

Leadership and culture

The clinical and non-clinical leadership team demonstrated they had the experience, capacity and capability to run the practice. Staff told us the management team and GPs were approachable and always took the time to listen to all members of staff. Permanent and locum staff felt included in the running of the practice.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The provider encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings and we saw relevant minutes.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GPs in the practice.
- All staff were involved in discussions about how to run and develop the practice, and the GPs encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

Are services well-led?

Good 

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

The practice had gathered feedback from patients via its patient participation group (PPG). The PPG was proactive and very involved in the running of the practice. They reviewed patient feedback to identify and propose improvements. For example, the PPG had influenced a change in the seating arrangements in the waiting area. They were also involved in the purchasing of a wheelchair for the practice.

The practice undertook the friends and family test. Figures from September 2015 to September 2016 showed 89% of patients were likely or very likely to recommend the practice.

Continuous improvement

- Provider level monitoring tools were used to review working processes and identified improvements to the practice. For example, medicine storage audits led to an action plan within the practice including improving the audit trail for prescriptions and improving stock lists of medicines.
- Patient comments were used to identify improvements. For example, notice boards were amended and the contents changed as a result of patient feedback.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The system of clinical governance did not always ensure that the provider monitored and improved the quality and safety of the services provided in the carrying on of the regulated activity in regards to responding to national and internal data. Specifically in regards to patients not included in clinical reporting of data and medicine reviews. Actions from audits and risk assessments were not always completed. Specifically the legionella risk assessment and infection control audit. This was in breach of Regulation 17 Good governance (1)(2)(a)