

The Park Medical Centre

Quality Report

434 Altrincham Road,
Manchester,
M23 9AB

Tel: 0161 998 5538

Website: www.parkmedicalcentrewythenshawe.nhs.uk

Date of inspection visit: 17 October 2017

Date of publication: 13/11/2017

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	11
Background to The Park Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We previously inspected The Park Medical Centre in December 2016 and the practice was rated as requires improvement overall. We found there were gaps in responding to significant events, the assessment and management of risks including staffing and that governance arrangements were not comprehensive. The full comprehensive report on December 2016 inspection can be found by selecting the 'all reports' link for The Park Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 17 October 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection on 8 December 2016. Overall the practice is now rated as good.

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

- Systems to recognise, record, and respond to significant events had improved and these were supported by an incident policy. Evidence was available that demonstrated outcomes and learning from significant events and complaints were shared.
- We identified previously a number of areas of potential risk to both patients and staff including the lack of risk assessments for the building, legionella and the Control of Substances Hazardous to Health (COSHH). Evidence at this inspection demonstrated that safe effective systems had been implemented to address these areas.
- Appropriate recruitment checks were now in place for all staff, including locum GPs. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Systems to ensure medicines stored at the practice were in date were implemented and the use of prescription paper was monitored.
- Governance arrangement had improved with up to date policies and procedures available to all staff on a shared drive.

Summary of findings

- Locum GPs had access to the practice policies and procedures and a Locum information pack was available in paper and electronic format.
- Information about services and how to complain was available and easy to understand. The practice reviewed complaints at team meetings.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.

The areas where the provider should make improvement are:

- Formally record a business plan to monitor the practice's effectiveness and achievement in meeting its objectives, including a strategy to improve performance in the Quality and Outcomes Framework and a programme of clinical audit and re-audit.
- Continue to promote the patient participation group for the practice.
- Continue efforts to identify and support patients who are also carers.
- Make the practice's complaint form readily available to patients.

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?

At our previous inspection on 8 December 2016, we rated the practice as inadequate for providing safe services. The arrangements to manage and reduce risks to patients were not good enough. For example, risk assessments for legionella were not available; learning from significant events; and some aspects of medicines management needed improving, as did some aspects of recruitment and systems of staff support.

The practice had taken action to improve all these areas when we undertook a comprehensive follow up inspection on 17 October 2017. The provider is now rated as good for providing safe services.

- Systems to recognise, record, and respond to significant events had improved and these were supported by an incident policy. Evidence from team meeting minutes and speaking with staff confirmed learning was shared from incidents.
- Systems and processes to keep patients and staff safe had improved. Control of Substances Hazardous to Health (COSHH), legionella, and infection control and prevention risk assessments were in place and actions identified from these assessments had been responded to.
- Staff had easy access to safeguarding policies and procedures and all staff had received training for both children and adults safeguarding.
- Appropriate recruitment checks were now in place for all staff, including the GPs and Locum GPs.
- A Locum GP information pack was available electronically and in paper format.
- Areas of medicine management had improved including ensuring medicines were within their expiry dates and the monitoring of prescription paper.

Good



Are services effective?

At our previous inspection on 8 December 2016, we rated the practice as good for providing effective services. Evidence reviewed at the comprehensive follow up inspection on 17 October 2017 confirmed the practice remained good for providing effective services.

- Evidence was available that demonstrated staff assessed needs and delivered care in line with current evidence based guidance.

Good



Summary of findings

- The practice had a good understanding of the local patient demographics and had recently introduced text reminders to try to improve patient attendance at healthcare reviews.
- Two full cycle clinical audits demonstrated quality improvement. However, a planned programme of clinical audit and re-audit was not available.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Systems to support staff had been reviewed and new policies introduced to ensure staff received regular training, and annual appraisal. Regular team meetings were held and these promoted teamwork and learning and development.
- The practice manager had introduced a new induction training plan, however there had not been any opportunity to evaluate the effectiveness of this.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

At our previous inspection on 8 December 2016, we rated the practice as good for providing caring services as data showed patients were satisfied with the service they received.

Evidence reviewed at the comprehensive follow up inspection on 17 October 2017 confirmed the practice remained good for providing caring services.

- Data from the national GP patient survey published in July 2017 showed patients rated the practice higher than others for almost all aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services provided was available, easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had increased the number of patients who were also carers and action had been implemented to offer these patients a health care review.

Good



Are services responsive to people's needs?

At our previous inspection on 8 December 2016, we rated the practice as good for providing responsive services. Evidence reviewed at the comprehensive follow up inspection on 17 October 2017 confirmed the practice remained good for providing responsive services.

Good



Summary of findings

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had the facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence we reviewed showed the practice responded quickly to issues raised. The practice had taken action to ensure learning from complaints was shared with staff and other stakeholders. However, the practice's patient complaint form was not readily available without asking for it.

Are services well-led?

At our previous inspection on 8 December 2016, we rated the practice as requiring for providing well led services as systems to monitor some aspects of the service were evident, including risk assessments, the availability of to date policy and procedures and staff appraisal.

The practice had implemented their action plan to improve these areas when we undertook a comprehensive follow up inspection on 17 October 2017. The provider is now rated as good for providing well led services.

- Since the last inspection, the practice had implemented their action plans to improve the service they provided. However an overarching business plan was not recorded.
- A comprehensive review of the practice's policies, procedures and protocols had been and continued to be undertaken. A shared electronic drive had been established and this enabled all staff easy access to these.
- Regular planned team meetings were minuted and these demonstrated shared learning from significant events and complaints was undertaken.
- A written staff rota was available and staff were supported with the appropriate recruitment checks, appraisals, and regular training that was recorded and monitored.
- Work place risk assessments for Legionella, infection prevention and control and fire safety were in place and subject to regular review. Actions to mitigate risk had been implemented.
- Systems to comply with Control of Substances Hazardous to Health (COSHH) regulations were established.

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 older people in its population.
- It was responsive to the needs of older people, and offered a mixture of pre-bookable, on the day urgent appointments and telephone appointments.
- Home visits were available for those with enhanced needs.
- Regular palliative care meetings were held with the district nurses and Macmillan nurses.

Good



People with long term conditions

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

- Data from 2015/16 indicated the practice's performance was below that of local and national averages when monitoring and supporting patients with diabetes. However, the practice was aware of this and implemented action to try to remind patients to attend health care reviews. Recently the practice had introduced a text message reminder service.
- A diabetic nurse specialist held a monthly clinic at the practice.
- A phlebotomy (blood taking) service was provided at the practice once a week.
- The practice worked with the local CCG pharmacy teams to monitor prescribed medicines to ensure patients received the optimal clinical dosage.
- Longer appointments and home visits were available when needed.
- All patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- From the sample of documented examples we reviewed 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.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years (01/04/2015 to 31/03/2016) was 69%, which was significantly below the national average of 81%. The practice had recognised the low figures and had produced a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 88.7% achievement compared to the national average of 90%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group.

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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care,
- The practice offered flexible surgery times including, morning, afternoon and early evening surgeries. Later evening pre-bookable telephone appointments were available Monday and Tuesday evenings.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients who were vulnerable and those with a learning disability.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Data from 2015/16 showed that 90% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the previous 12 months, was higher than the local average of 87% and national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- 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 2017. The results showed the practice was performing in line with local and national averages, although telephone access was slightly below the average. A total of 295 survey forms were distributed and 91 were returned. This represented a response rate of 31% and was just over 1.7% of the practice's patient list.

- 65% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 69% and the national average of 71%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and national average of 84%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and national average of 85%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and national average of 77%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards, all but one of which were positive about the standard of care received. Comments described the reception staff as being responsive, caring and willing to listen and named GPs as being responsive to individual circumstances. The service provided at the practice was described as 'excellent' and most patients said they had no problems getting appointments; however three mentioned difficulty getting through to the practice on the telephone. One comment card was critical of appointment availability, and telephone access.

We spoke with three patients on the day of the inspection, one of whom was a member of the practice's patient participation group (PPG). All were extremely complimentary about the quality of care they received from the GPs and their comments reflected the information we received from the CQC comment cards.

Areas for improvement

Action the service SHOULD take to improve

- Formally record a business plan to monitor the practice's effectiveness and achievement in meeting its objectives, including a strategy to improve performance in the Quality and Outcomes Framework and a programme of clinical audit and re-audit.
- Continue to promote the patient participation group for the practice.
- Continue efforts to identify and support patients who are also carers.
- Make the practice's complaint form readily available to patients.

The Park Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist adviser.

Background to The Park Medical Centre

The Park Medical Centre (434 Altrincham Road, Manchester, M23 9AB) is part of the Manchester Clinical Commissioning Group (CCG) and provides services to approximately 5140 patients under a Personal Medical Services contract with NHS England.

Information published by Public Health England rates the level of deprivation within the practice population group as level one on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

The practice has a higher percentage (67%) of its population with a long-standing health condition when compared to the CCG average of 51% and the England average of 53%. The practice has a higher percentage of patients over the age of 65 (15%) compared to the CCG average of 12% and England average 17%.

Services are provided from a purpose built building, with disabled access and some parking. The practice has a number of consulting and treatment rooms used by the GPs and nursing staff as well as visiting professionals such as health visitors and phlebotomy. The practice is involved in teaching undergraduate student doctors and foundation year two qualified doctors.

The service is led by three GP partners (one male and two female) and are supported by a part time practice nurse. There is a practice manager as well as an administration team who also cover other duties such as drafting prescriptions.

The surgery is open from 8am until 6:30pm daily with extended hours offered on Mondays between 6.30 to 7.20pm and Tuesdays between 7pm and 7.50pm for pre-booked telephone consultation.

The practice is also a part of a federation of GP practices (known locally as the Hub) that provides extended hours cover for a number of practices in the area between 6pm and 8pm, Monday to Friday, as well as on Saturday and Sunday mornings.

Patients are also able to attend appointments at a small number of local health centres as part of this arrangement. Out of hours cover is provided by the NHS 111 service and Go to Doc.

Why we carried out this inspection

We undertook a comprehensive inspection of The Park Medical Centre on 8 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe services and requires improvement for providing well led services. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for The Park Medical Centre on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of The Park Medical Centre on 17 October 2017 to check whether improvements had been made in accordance with the practice's action plans.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 October 2017.

During our visit we:

- Spoke with a range of staff including the three GP partners, the practice nurse, the practice manager, a foundation year two doctor, reception and administration staff.
- Spoke with three patients
- Observed how reception staff communicated with patients.
- Reviewed a sample of patients' personal care or treatment records.
- Reviewed comment cards where patients 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

At our previous inspection on 8 December 2016, we rated the practice as inadequate for providing safe services, as the arrangements to manage and reduce risks to patients were not good enough. For example, risk assessments for the some aspects of the environment including legionella were not available; learning from significant events were not shared; some aspects of medicine management needed improving and appropriate recruitment checks were not in place for all staff.

The practice had taken action to improve all these areas when we undertook a follow up inspection on 17 October 2017. The provider is now rated as good for providing safe services.

Safe track record and learning

The system for reporting and recording significant events had improved since the last inspection. A procedure with a supporting incident recording form and risk matrix was now available

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- Staff confirmed there was an open, safe environment to raise issues. A policy was in place to support the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Records of significant events showed that detailed investigation had been carried out and actions to improve service delivery recorded. A log of significant events was now maintained and a record of the investigation into each incident recorded. Minutes from the weekly partner meetings and regular full team meetings provided evidence that learning from significant events and complaints were shared as appropriate.

Overview of safety systems and processes

The practice had clearly defined systems and processes to keep patients safe and safeguarded from abuse.

- Arrangements to safeguard children and vulnerable adults were established and all staff spoken with were aware of, and how to access the practice's safeguarding policies, procedures and safeguarding contact telephone numbers.
- There was a lead member of staff for safeguarding. GPs were trained to child protection or child safeguarding level 3. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities in relation to safeguarding and all had received training on safeguarding children and vulnerable adults relevant to their role.
- There was a notice in the waiting room advising patients that chaperones were available if required. All staff who carried out the chaperoning role had a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. Since the last inspection the practice had employed a cleaning agency to undertake regular cleaning at the practice. We observed the premises to be clean and tidy. Regular monitoring and recorded checks of the building and facilities were undertaken.
- An infection control and prevention audit had been carried out this year and actions identified from this had been implemented including for example wall mounted soap dispensers and the development of a handling specimens policy. One of the GP partners was the infection control lead and they were supported by the practice nurse. Staff had received training in infection control and prevention and evidence was available to demonstrate both the GP partner and practice nurse had attended additional training for this.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions, which included the review of high risk medicines such as disease-modifying anti-rheumatic drugs (DMARDs). A

Are services safe?

sample check on patient records showed that these patients received all the required health checks such as blood tests to ensure the medicines were safe for continued use.

- Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred and a system to check prescriptions had been collected by patients was implemented.
- The practice worked with the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice responded to changes in medicine prescribing guidance and undertook medicines audits as requested.
- The practice had recognised they had higher hypnotic prescribing than other practices in the area and had undertaken an audit and implemented action to reduce this.
- Prescription paper and pads were stored securely and systems to record and monitor the use of these had improved since the last inspections.
- Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Recruitment policies and procedures had been updated and implemented. We reviewed three staff recruitment files and noted that the personnel files had been organised methodically with a front sheet detailing the records held for each staff member. Improvements were evident in the three files we reviewed and this now contained evidence of personal identification, references, and DBS checks. Recruitment files with evidence of professional qualification, indemnity insurance, DBS checks and training certificates were available for the locum GPs used at the practice. A locum information pack was available in both electronic and paper format.

Monitoring risks to patients

Risks to patients were now assessed and managed effectively.

- The practice now had a comprehensive fire safety policy and risk assessment in place. Staff had undertaken e-learning fire safety training and following a recent false fire alarm face to face training was also planned. Records showed that regular monitoring checks on the fire alarm and other fire safety equipment was implemented.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Other risk assessments to monitor safety of the premises such as control of substances hazardous to health (COSHH) and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings) were now available for the inspection team to view.
- The practice manager was working closely with an outside business support service to review and develop further the practice's health and safety policies and risk assessments.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was now a recorded staff rota system in place for the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A spillage kit, first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Since the last inspection the practice had implemented a system to ensure medicines and equipment such as blood bottles were within their expiry dates. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 8 December 2016, we rated the practice as good for providing effective service. Verified evidence available at this inspection, for example the Quality and Outcomes Framework (QOF) data has not changed since the last inspection. The follow up comprehensive inspection on 17 October 2017 confirmed the practice remained good for providing effective services.

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. Clinical staff told us how they accessed up to date clinical guidance on appropriate websites. We also heard that the clinical commissioning group (CCG) medicines optimisation team notified the practice of relevant updates from the Medicines and Healthcare products Regulatory Agency (MHRA) which regulates medicines, medical devices and blood components for transfusion in the UK. Following these medicine updates we heard that searches were undertaken on patient records to identify those prescribed these medicines or equipment and action taken accordingly. Recent examples included reviewing female patients of child bearing age who were prescribed sodium valproate medicine.

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 (2015/16) were 97.4% of the total number of points available, with 26.8% clinical exception reporting. There was recognition that the practice's rate of exception reporting was high and the practice were implementing action to improve this. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Unverified data supplied by the practice for 2016/17 showed a slight deterioration in overall achievement with

93% of the total number of points available. The practice had recognised their QOF achievement and exception reporting were areas that they needed to improve on. They implemented a protocol of sending out repeated reminders that included telephone contact, letters and had recently introduced text reminders. Staff told us that patients usually accepted offered appointments but many did not attend these.

Data from 2015/16 and recorded in the previous inspection showed;

- Patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 68% compared to the local and national average of 81%.
- 99% of patients with diabetes had received an influenza immunisation compared to the local average 93% and the national average of 94%.
- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months was 78% compared to the local average of 76% and the national average of 78%.
- A record of foot examination was present for 90% of patients with diabetes compared to the local average of 86% and the national average of 88%.
- Patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 65% compared to the local average of 77% and the national average of 78%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 95% compared to the local average of 86% and the national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed face to face in the preceding 12 months was 90% compared to the local average of 87% and the national average of 84%.

There was evidence of quality improvement including clinical audit although a rolling programme of regular clinical audit and re-audit was not established.

Are services effective?

(for example, treatment is effective)

- The practice used the skills of the doctors training at the practice to undertake clinical audit. This was for the mutual benefit of the practice and the foundation year two doctor's training. However, a planned programme of clinical audit and re-audit was not available.
- We viewed a ranged of audits and there was two completed audit cycles available. These included a review of patients with a diagnosed irregular heartbeat (atrial fibrillation) and checks to see if the potential risk of stroke had been assessed using as scoring system (CHA2DS2-VASc). Other clinical audit included minor surgery, cancer referral audit, the management of vitamin D deficiency and one on specific medicines such as disease-modifying antirheumatic drugs (DMARDs).
- The practice carried out medication audits supported by the CCG medicine optimisation team and we saw evidence of improvements in practice prescribing.
- The practice was aware of their high hypnotic prescribing rate and was taken action to reduce this.

Effective staffing

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

- The practice had reviewed and improved the induction training it provided to new staff. It had introduced an induction training policy and a weekly programme of required training. The programme included mandatory training such as safeguarding children and adults; health and safety, fire safety, infection control and prevention, information governance and confidentiality.
- Team meeting minutes also included specific of staff development. For example, minutes from September 2017 included discussion about the significant event policy, repeat prescribing and health and safety.
- The practice could demonstrate how it ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources, discussion at practice meetings and attendance at regular training updates.

- Since the last inspection, all staff had received an appraisal
- The practice was a GP teaching practice for undergraduate medical students and training practice for year two foundation doctors.

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 plans, medical records, and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis including palliative care meetings, multi-disciplinary complex care meetings and safeguarding meetings.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA). Clinical staff had recently received MCA training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Data from 2015/16 showed that the practice's uptake for the cervical screening programme was lower than the CCG and the national averages. The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years (01/04/2015 to 31/03/2016) was 69%, which was significantly below the local and national average of 81%. The practice implemented a regular recall system so that patients received repeated invites for this screening and had introduced text messaging reminders. The practice nurse also told us the practice encouraged uptake of the screening programme by ensuring a female sample taker was available and offering this screening opportunistically when patients attended the practice for other appointments. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice also referred its patients to attend national screening programmes for bowel and breast cancer screening. The practice patient uptake of these tests was below the CCG and national average. For example, data from 2015/16 showed that 57% of females aged between 50 and 70 years of age were screened for breast cancer within six months of invitation compared the CCG average of 67% and the England average of 72%.
 - Data also showed screening for bowel cancer at the practice was 52% for people screened within the last 30 months compared to 46% for the CCG and the England averages.
 - Data available for childhood immunisation rates for the vaccinations given in 2015/16 indicated that the practice was achieving just below the expected level of 90% with 89% in 3 indicators and 87% in one indicator.
 - The practice had commenced their flu campaign with 760 invitations sent out to patients identified at risk over the age of 65 year olds and patients on the long term conditions registers.

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

Are services caring?

Our findings

At our previous inspection on 8 December 2016, we rated the practice as good for providing caring services as data showed patients were generally satisfied with the service they received.

Evidence reviewed at the follow up comprehensive inspection on 17 October 2017 confirmed the practice remained good for providing caring services.

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.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards, all of but one of which were positive about the standard of care received. Comments described the reception staff as being responsive, caring and willing to listen and named GPs as being responsive to individual circumstances. The service provided at the practice was described as 'excellent' and most patients said they had no problems getting appointments; however three mentioned difficulty getting through to the practice on the telephone. One comment card was critical of appointment availability, and telephone access.

We spoke with three patients on the day of the inspection, one of whom was a member of the practice's patient participation group (PPG). All were extremely complimentary about the quality of care they received from the GPs and their comments reflected the information we received from the CQC comment cards.

Results from the national GP patient survey (July 2017) showed patients felt they were treated with compassion,

dignity and respect. The practice achieved higher satisfaction scores on consultations with GPs and nurses when compared with local and national averages. For example:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 86%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 86%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

Are services caring?

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.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area. These told patients how to access a number of support groups and organisations. The practice website also provided information and links to support groups for a range of illnesses and bereavement support.

Since the last inspection the practice had increased the number of patients on their register who were also carers from 51 to 83, equating to approximately 1.7% of the patient population. Of these 77 had been invited in for carer's health review. Information and forms for patients to register as a carer were readily available in the practice's reception area. The patients' electronic record alerted GPs and staff if a patient was also a carer. The practice website also provided information and links to other avenues of support and advice for patients who were also carers.

Staff told us that if families had suffered bereavement, they provided support in accordance with the patient's wishes and this included sending out a condolence letter and signposting to available support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 8 December 2016, we rated the practice as good for providing responsive services.

Evidence reviewed at the follow up comprehensive inspection on 17 October 2017 confirmed the practice remained good for providing responsive services.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. This included working with the other practices in the area to provide urgent appointments via the local federation. Members of the local federation had use of a common clinical system that ensured all GPs had access to the medical records. The practice had applied to be a location where patients in the local community could attend when appointments were not available at the patient's own surgery.

- The practice offered extended hours telephone appointments on Monday and Tuesday evenings.
- There were longer appointments available for patients who were vulnerable and 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.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and translation services available.
- The practice offered monthly diabetic clinics run by diabetic nurse specialist and a weekly phlebotomy service.

Access to the service

The practice was open from 8am until 6:30pm daily with extended hours offered on Mondays between 6.30 to 7.20pm and Tuesdays between 7pm and 7.50pm for pre-booked telephone consultations.

The practice provided a range of on the day, urgent and prebookable routine appointments. The GPs also carried out telephone consultations. The practice also provided online access so patients could book appointments and order prescriptions.

On the day of inspection, the next available pre-bookable appointment was ten days. However the practice was also a part of a federation of GP practices (known locally as the Hub) that provided extended hours cover for a number of practices in the area between 6pm and 8pm, Monday to Friday, as well as on Saturday and Sunday mornings. We noted that appointments with GPs, practice nurses and health care assistants were available within two days of our visit.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher than or reflected local and national averages.

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 76%.
- 65% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 71%.

The three patients we spoke with told us they were able to get appointments when they needed them.

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.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Since the last inspection the practice had reviewed its complaint handling procedure.

- Its complaints policy and procedures was in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated complaints manager and the designated responsible person was one of the GP partners.

We looked at three recent complaints and noted that complaint acknowledgement letters were sent to complainants within the timescale detailed in the complaints policy. The practice manager had commenced

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

a log of complaints and this detailed the actions undertaken by the practice in response to the outcome of complaint investigations. Actions included discussing the complaint with the individual staff members as required and sharing learning at practice team meetings.

However the patient complaint form was not readily available without asking a staff member and this may dissuade some patients from raising concerns.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 8 December 2016, we rated the practice as requires improvement for providing well led services as the governance arrangements to identify and respond to shortfalls needed improvement.

During our inspection in October 2017, we found the practice's action plan had been implemented to effectively improve governance arrangements. The provider is now rated as good for providing well led services

Vision and strategy

The practice had a number of aims and objectives for the service they provided. These included

“To provide holistic healthcare which is appropriate for all aspects of society”,

“To provide Evidence Based Practice” and

“To be a patient centred organisation”.

Evidence from this inspection confirmed that the practice was working hard to achieve these aims. There was recognition by the GP partners of the challenges they faced and they were committed to developing the service they provided.

Governance arrangements

Since the last inspection, the governance arrangements at the practice had improved. The practice had implemented their action plan to improve the service they provided. Evidence from this inspection showed the plan to be effective. For example:

- Systems to record, review, respond to significant events had been implemented, and evidence was available that demonstrated learning was shared with the staff team.
- Work place risk assessments for the Control of Substances Hazardous to Health (COSHH), infection prevention and control and legionella were in place, actioned and subject to regular review.
- Staff were supported with the appropriate recruitment checks, appraisals, and regular training that was recorded and monitored.

- A comprehensive review of the practice's policies, procedures and protocols had been undertaken and further development continued. These were now accessible to all staff on a shared electronic drive.
- Systems to improve medicine management were implemented. This included monitoring expiry dates and improving the monitoring of prescriptions paper.
- Some refurbishment work had been undertaken such as new flooring, however a specific refurbishment plan was not available

Leadership and culture

On the day of inspection, the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Most staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- 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. Minutes of meetings were available for practice staff to view.
- Staff said they felt respected, valued and supported. Information available indicated staff were eager to develop their skills further by undertaking training for

Are services well-led?

Good 

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

health care assistants and phlebotomy (blood taking). This would increase the practices resilience and ability to support patients and meet Quality and Outcome Framework indicators.

- Staff turnover was low and some staff members had been in post for several years.

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

The practice had a patient participation group and regular (bimonthly) meetings were held. Minutes were available of these. The practice had recognised that the numbers of participants were dwindling and they were seeking ways to increase patient numbers to the group. One member of the PPG met with the inspectors and told us that they were involved in trying to get patients to sign up for online

access to the practice, which allows patient to book appointments and order prescriptions. They said it was difficult as many of the population did not have the equipment or facilities or were not interested.

Continuous improvement

The GP partners acknowledged and recognised the challenges they faced in delivering care to their local population. The partners and practice manager met twice weekly to discuss different aspects of their service and action was implemented as required. However, an overarching business plan was not recorded and this would provide a format, context and monitoring tool for the practice to work to in achieving its objectives.

The practice worked closely with the CCG and the local federation of GPs to provide extended care and treatment to its patients.