

South Park Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at South Park Medical Practice on 26 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Risks to patients, visitors and staff were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Record the content of employment reference contacts.
- Ensure that the carers register is proactively developed.

Summary of findings

- Ensure that all informally resolved matters of patient dissatisfaction are recorded.
- Devise an auditable record of cleaning for clinical equipment.
- Devise a system to ensure that training records are monitored and up to date.
- Ensure that the system to record the usage of prescription forms and pads, continues to be monitored and auditable.
- Ensure that further analysis and activity is undertaken to improve upon patient survey performance.

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.

- There was an effective system for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to help keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

Good



The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local patient population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. The practice engaged with the CCG in relation to medicines optimisation. It also worked in close partnership with the Health and Social Care co-ordinator to provide tailor-made holistic care ensuring that the overall well-being of each patient was managed. The Health and Social Care coordinator was an administrator with experience in the care industry, employed by the Kent Community Health NHS Trust. They supported patients within the CCG area to remain independent and living in their own homes.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- Results from the national GP patient survey showed that 78% of patients stated they were able to get an appointment to see or speak with someone the last time they tried compared to the national average of 76%. The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good



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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its patient population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Elderly patients at risk of hospital admission were identified and referred to the Health and Social Care co-ordinator as a priority.
- The practice cared for a population of approximately 30 residents in a local care home working in partnership with the Intensive Support Team and Nursing Home Staff.
- Elderly patients at risk of hospital admission were identified, and referred to the Health and Social Care Co-ordinator who worked in partnership with the practice to deliver effective, tailor-made care to older patients.
- The practice made good use of a variety of health care professionals to help prevent admissions to hospital that were either unplanned or against the patients' wishes.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 89% compared to the Clinical Commissioning Group (CCG) average of 88% and the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and the practice had set up a recall system to help ensure all relevant patients were invited for 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.

Summary of findings

Families, children and young people

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

Good



- There were systems to help 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 or those living in challenging circumstances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 80% compared to the clinical commissioning group (CCG) average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice used a locally developed check list for all patients under the age of 16 who were seeking family planning advice. This helped to ensure all aspects of sexual health and parental involvement were discussed.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to help ensure these were accessible, flexible and offered continuity of care.
- Extended hours pre-bookable appointments were available Wednesdays between 6.30pm and 9pm.
- Telephone appointments were offered where appropriate.
- The practice made use of tele-dermatology where photographs of skin conditions were reviewed remotely by specialists avoiding the need for attendance at hospital outpatient clinics. This was of particular benefit to the working population.
- 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.

Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice raised 'alerts' on the computer system for those patients living in vulnerable circumstances to provide open access to clinical staff at the practice.
- The practice made good use of 'pop ups' on the computer system which alerted all staff if a patient was living in vulnerable circumstances or who may have specific requirements which needed to be taken into consideration at every contact.
- The practice held a register of patients with a learning disability and offered longer appointments where required.
- The practice worked in partnership with a health and social care co-ordinator, based at South Park, to deliver effective, tailor-made care to vulnerable patients, including those with caring responsibilities, and had forged a close and effective working relationship.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients including the rapid response team.
- Vulnerable patients at risk of hospital admission were identified and referred to the Health and Social Care co-ordinator as a priority.
- 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).

Good



- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than the clinical commissioning group (CCG) average of 85% and the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had

Summary of findings

been recorded in the preceding 12 months was 79% with no patients excepted compared to the CCG average of 89% and 10% of patients excepted and the national average of 90% with 10% of patients excepted.

- 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 told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was in most areas, performing in line with local and national averages. Two hundred and eighty four survey forms were distributed and 125 were returned. This represented 3% of the practice's patient list.

- 79% of patients found it easy to get through to this practice by telephone compared to the national average of 73%.
- 78% of patients were able to get an appointment to see or speak with someone the last time they tried compared to the national average of 76%.
- 84% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 89% of patients said the last GP they saw or spoke to was at giving them enough time compared to the CCG average of 89% and the national average of 87%.
- 92% of patients said that the last GP they saw or spoke to was at listening to them compared to the CCG average of 91% and the national average of 89%.
- 97% of patients said that they had and trust in the last GP they saw or spoke to compared to the CCG average of 95%.

There were some areas where the practice performance was lower than local and national averages.

- 66% 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 79%.

The practice had discussed and analysed the survey results and compared their performance to that of another local practice. The outcome indicated that patient demographics and therefore varying needs may be a factor and this was requiring further work to improve in this area.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards of which 34 were extremely positive about the standard of care received. Staff were described as professional, polite and helpful, treating patients with compassion, dignity and respect. They were also described as being willing to go the extra mile to help ensure that a high standard of care was delivered. Two cards were mixed in their review of the practice. There was no common theme to the negative aspect of these comment cards.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed, caring and there had been recent noticeable improvement in the service. The practice had received feedback via the 'Friends and Family Test' both on-line and through comments cards. Between January 2016 and July 2016 a total of 40 patients responded. Thirty comments were positive and those patients were either highly likely or likely to recommend the practice, one patient was neutral and nine patients were unlikely to recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Record the content of employment reference contacts.
- Ensure that the carers register is proactively developed.
- Ensure that all informally resolved matters of patient dissatisfaction are recorded.
- Devise an auditable record of cleaning for clinical equipment.

Summary of findings

- Devise a system to ensure that training records are monitored and up to date.
- Ensure that the system to record the usage of prescription forms and pads, continues to be monitored and auditable.
- Ensure that further analysis and activity is undertaken to improve upon patient survey performance.

South Park Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to South Park Medical Practice

South Park Medical Practice is situated in Sevenoaks, Kent and has a registered patient population of approximately 4,940. This is a prime commuter area and 66% of the patient population are either employed or in full-time education. Only 1% of the patient population are unemployed compared to the national average of 5%. Twenty nine percent of the patient population are under the age of 18 years compared to the national average of 21%.

The practice staff consist of two female GP partners, one female salaried GP, two female practice nurses, one practice manager as well as administration and reception staff. Patient areas are on the ground floor and are accessible to patients with mobility issues as well as parents with children and babies.

The practice is not a teaching or a training practice (teaching practice have medical students and training practice have GP trainees and newly qualified doctors).

The practice has a personal medical services contract with NHS England for delivering primary care services to the local community.

Services are provided from South Park, Sevenoaks, Kent, TN13 1ED only.

South Park Medical Practice is open Monday to Friday between the hours of 8am to 6.30pm. Extended hours appointments are offered Wednesday 6.30 pm to 9pm. Primary medical services are available to patients via an appointments system. There are a range of clinics for all age groups as well as availability of specialist nursing treatment and support.

There are arrangements with other providers (Integrated Care 24) via the NHS 111 system to deliver services to patients outside of the practice's working hours.

Why we carried out this inspection

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

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 26 July 2016. During our visit we:

- Spoke with a range of staff including GPs, the practice manager, the head of reception and one practice nurse. We also spoke with patients who used the service.
- Observed how patients were being cared for.

Detailed findings

- 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

There was an effective system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts 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. For example, a patient potentially at risk from domestic violence refused a referral to another agency. Confidentiality was maintained and advice and contact details for abuse support organisations was provided to the patient. The case was discussed, enquiries made and the learning outcome identified that in any future similar cases advice could be obtained from social services on an anonymous basis without triggering a formal referral.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse, which included:

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended

safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. The practice had a policy of using practice nurses as chaperones and non-clinical staff were not required to carry out this role.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to help keep up to date with best practice. There was an infection control protocol and staff had received relevant training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Clinical staff were responsible for cleaning the clinical equipment that they used. However, they did not record which equipment was cleaned and when. Whilst staff had personal knowledge of the cleaning, there was no audit trail.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice helped keep patients safe (including obtaining, prescribing, handling, storing, security and disposal). There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. However, the practice did not have a system to monitor their use. Once pointed out, this was rectified immediately and we saw evidence to that effect. Patient Group Directions and Patient Specific Prescriptions or Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. (DBS checks identify

Are services safe?

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 had a policy of speaking to referees in person on the telephone. Whilst the details of referees were recorded, the content of the conversation with that referee had not been recorded.

Monitoring risks to patients

Risks to patients were assessed and well managed

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills.
- The practice had recently identified that all electrical equipment was due to be checked. We saw evidence on the day that an appointment had been arranged for this work to be carried out on 10 August 2016. Evidence has been submitted since the inspection that this work has been completed
- The practice had a variety of other risk assessments to monitor safety of the premises such as health and safety. However, the practice was unable to demonstrate they had a system for the routine management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). We saw evidence on the day that arrangements had been made for this work to be conducted on 16 August 2016. Evidence has been submitted since the inspection confirming that this work has been completed.

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups and existing staff demonstrated a willingness to work additional hours to cover colleagues at times of sickness and/or annual holidays.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The management team retained copies of this policy at home for use in an emergency.

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 to help keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 91% of the total number of points available.

This practice was an outlier for its cancer exception rate, which was 33% compared to the clinical commissioning group (CCG) average of 11% and the national average of 15%. The practice had recognised this and had identified that a number of relevant patients were either new to the practice or recently diagnosed. We saw evidence that this had adversely affected the data.

The majority of exception rates were comparable to CCG and national averages. There were some areas where the exception rate was lower than CCG and national averages.

The Cardiovascular disease - primary prevention exception rate was 0% compared to the CCG average of 38% and the national average of 30%.

The Mental health exception rate was 1% compared to the CCG average of 11% and the national average of 11%.

This practice was an outlier for several QOF (or other national) clinical targets. Data from 1 April 2014 to March 2015 showed:

Performance for diabetes related indicators was lower than the CCG and national averages.

- The percentage of patients with diabetes, on the register, who had had influenza immunisation in the preceding 1 August to 31 March was 77% compared to the CCG average of 93% and the national average of 94%. However, the practice had recognised the need for improvement in this area. An action plan had been developed and implemented to improve the influenza immunisation of the practice's registered patients who were diabetic. Record showed the practice had plans to monitor the impact of the action plan. The most recent data (not yet published) showed that the practice rate had improved as a result and was currently 86% for the year 2015 to 2016.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 67% compared to the CCG average of 80% and the national average of 81%. This area for improvement had also been recognised by the practice and all patients with a result of 5 mmol/l or more were being reviewed and followed up by their GP to address the issue. It was also noted that the practice demonstrated a lower percentage of patients excepted from this comparison at 9% compared to the CCG and national average of 12%. The most recent data (not yet published) showed that the practice rate had improved and was currently 76% for the year 2015 to 2016.

Performance for mental health related indicators was better than the CCG and national averages.

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 100% compared to the CCG average of 85% and a national average of 84%

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits completed in the last 12 months, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit into the usage of oral anti-coagulants to treat patients diagnosed with atrial fibrillation (a heart condition). Initial data gleaned showed that 70% of relevant patients were receiving oral anti-coagulants. Targets were set to improve by 10% within a three month period and a further 10% within a six month period. Each GP reviewed an allocation of relevant patients and subsequent data collections confirmed that the targets set had been achieved and the total number of patients with atrial fibrillation in receipt of oral anti-coagulants had increased from 70% to 90%.

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 fire safety, significant events, accidents, discipline and grievance, information technology (IT) and handling of specimens. Training in child and adult safeguarding, infection prevention and control, basic life support as well as health and safety was conducted post-induction during practice training days or via e-learning training modules. We saw evidence that staff had either completed all relevant training or that dates had been arranged for them to receive all relevant training at the earliest opportunity.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the

scope of their work. This included ongoing support, mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

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 and smoking cessation.
- The practice held health promotion clinics on Tuesday and Thursday mornings from 9.30am to 12.30pm to monitor patients suffering from asthma, chronic heart disease, diabetes and chronic obstructive pulmonary disease (COPD) (a breathing condition). Additional smoking cessation advice and support clinics were available by appointment.

Well person, heart disease prevention and risk assessment clinics were held for patients between the ages of 40 and 70 and included cholesterol screening, a blood pressure check and advice regarding healthy lifestyles.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 84% and the national average of 82%. In addition, it was noted that the rate of patients excepted in this data was

low at 2% compared to the CCG average of 4% and the national average of 6%. There was a policy to write to patients who did not attend for their cervical screening test to encourage them to come forward. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 69% to 100% compared to the CCG averages of 69% to 91% and five year olds from 85% to 93% compared to the CCG averages of 82% to 94%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Thirty four of the 36 patient Care Quality Commission comment cards we received were extremely positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were described as professional, polite and helpful, treating patients with compassion, dignity and respect. They were also described as being willing to go the extra mile to help ensure that a high standard of care was delivered. Two cards were mixed in their review of the practice. There was no common theme to the negative aspect of this feedback.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 89% 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 96% and the national average of 95%
- 92% of patients said the last GP they spoke with was good at treating them with care and concern compared to the national average of 85%.
- 91% of patients said the last nurse they spoke with was good at treating them with care and concern compared to the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%

Care planning and involvement in decisions about care and treatment

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

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%

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

- 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

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 29 patients as carers (1% of the practice list). The practice was aware of the importance of caring for carers and made good use of the Health and Social Care Co-ordinator to provide a holistic approach to their patients. They were also aware of the need to be more proactive in registering carers on the system. Written information was available to direct carers to the various avenues of support available to them.

The practice informed all staff of the death of a patient and alerts on the computer system were used to identify family members of the deceased to help ensure that appropriate care was offered to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local patient population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice engaged with the CCG in relation to medicines optimisation. It also worked in close partnership with the Health and Social Care co-ordinator to provide tailor-made holistic care ensuring that the overall well-being of the patient was managed.

- The practice offered extended hours on Wednesdays between the hours of 6.30pm to 9pm, for working patients who could not attend during normal opening hours.
- The practice offered telephone and e-mail consultations.
- There were longer appointments available for patients with a learning disability or complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- South Park Medical Practice referred more patients to the health and social care co-ordinator than other local practices and had forged a close and effective working relationship. This process enabled prompt assessment of needs including requirements for deep cleaning, key codes, stair lifts, voluntary sector support, facility grants and fire safety.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- Ultrasound scanning services were available two days per week at the practice. This had reduced the need for patients to travel to hospital and speeded up diagnosis.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12.30pm and 2.30pm to 5.20pm. Monday to Friday. Extended hours

appointments were offered on Wednesdays between 6.30pm and 9pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 78%.
- 87% of patients said that the last appointment they got was convenient compared to the CCG average of 93% and the national average of 92%
- 79% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.
- 88% of patients found the receptionists at this surgery to be helpful compared to the CCG average of 88% and the national average of 87%

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention.

Requests for home visits were recorded by the reception team, who referred to a number of protocols, such as the chest pain protocol and stroke protocol, to assess the urgency of a request. Where staff had any doubt about the level of priority that a request should be treated with, a message was sent to the duty GP for immediate consideration and decision. 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 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. There was a notice in the waiting room and information was also available on-line.

The practice had received one formal complaint in the last 12 months. We found that it was satisfactorily handled, dealt with in a timely way, with openness and transparency. The practice had a policy of referring all expressions of

dissatisfaction immediately to the practice manager, who met with the patient and sought to resolve the issue prior to a formal complaint being made. At the conclusion of the resolution process, the patient was asked if they wanted to proceed to complaint. This practice of early resolution had resulted in a low level of formal complaints and an improved understanding between the practice and its patients. Records had not been kept of any matter resolved informally.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had implemented systems to help 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 partners encouraged a culture of openness and honesty. The practice had systems to help 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 written correspondence.

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

- 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. We noted that practice meetings were held approximately every two months and training events were held on an annual basis.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were encouraged to identify opportunities to improve the service delivered by the practice. This had led to more efficient systems and processes being implemented in the reception area ensuring in particular that the prioritisation and handling of incoming results and mail was prompt.
- The practice had undergone a significant reorganisation and restructuring process following a period when it was operating without a practice manager in place. We heard evidence from staff and patients who told us that this process had led to noticeable and significant improvement in the overall governance of the practice, quality of service and care being delivered.

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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met approximately every three months, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had introduced a new telephone system that helped to ensure calls were not terminated without the caller speaking to a member of staff.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

Are services well-led?

Good 

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

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

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

Continuous improvement