

The Parkview Surgery

Quality Report

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Date of inspection visit: 16 June 2016

Date of publication: 16/11/2016

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



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 Parkview Surgery on 16 June 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 in place for reporting and recording significant events.
- Risks to patients who used services were assessed and managed. However, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. There were some deficiencies in particular in medicines management, the disposal of out of date equipment and in the practice's recruitment processes.
- 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 in most respects. Improvements were made to the quality of care as a result of complaints and concerns.
- The majority of patients said they were able to make an appointment with a named GP when they needed one and there was continuity of care, with urgent appointments available the same day.
- The practice had adequate facilities and equipment to treat patients and meet their needs but building work was underway to improve patient facilities.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider had systems in place to ensure compliance with the requirements of the duty of candour.

The areas where the provider must make improvements are:

Summary of findings

- Complete and record a risk assessment of the practice's decision not to stock medicine excluded from the emergency medicines kit. Ensure a record of prescription pads batch numbers is kept to maintain prescription security.
- Ensure all equipment used for providing care or treatment is up to date and safe for such use.
- Ensure patients are fully protected against the risks associated with the recruitment of staff, in particular in the recording of recruitment information and in ensuring all appropriate pre-employment checks are carried out and recorded prior to a staff member taking up post.

In addition, the areas where the provider should make improvements are:

- Ensure all staff are aware of the practice specific policy on safeguarding of vulnerable adults.

- Ensure the completion of action already initiated of Disclosure and Barring Scheme (DBS) checks for staff who carry out chaperoning duties or risk assess the need and put in place mitigating arrangements.
- Carry out and record monthly water temperature checks, identified as necessary as a result of the latest legionella risk assessment of the practice.
- Review vaccine cold storage processes to ensure they conform to Public Health England guidance regarding packaging.
- Arrange for regular fire evacuation drills to be completed and documented.
- Put in place a documented induction programme for all staff to monitor progress and record the completion of the induction process.
- Review the system for the identification of carers to ensure all carers have been identified and provided with support.

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 requires improvement for providing safe services.

Requires improvement



- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- There was a practice specific policy on safeguarding of vulnerable adults but there was a lack of awareness about the policy and on the day of the inspection we were told the practice followed pan London guidance.
- All staff who acted as chaperones were trained for the role but had not received a Disclosure and Barring Service (DBS) check and no there was no documented risk assessment regarding this.
- Although an in-house legionella risk assessment had been completed, the practice had not carried out monthly water temperature checks identified as necessary as a result of that assessment.
- Prescriptions were kept securely in some respects. However, no record was kept of serial numbers of batch numbers of prescriptions to ensure full monitoring of their use, which could compromise their security.
- Emergency medicines were available, were in date and fit for use. However, one of the medicines recommended in national guidance was not kept in the emergency kit and there was no documented risk assessment of the reasons for not stocking the medicine excluded.
- Checks of fridge temperatures were carried out daily and recorded. However, vaccines stored in the fridge were kept in plastic containers and not the original packaging as required under Public Health England guidance.
- There were recruitment policies and procedures in place. However, we found limited documentary evidence of recruitment checks undertaken prior to employment. There were gaps in records of checks for proof of identification, references, and registration with the appropriate professional body.
- The practice had up to date fire risk assessments but had no record of carrying out regular fire drills.

Summary of findings

- We found a number of clinical items in one of the consulting rooms that were out of date, including doppler gel (used for ultrasound), needles and swabs and two smear test kits. The practice undertook to dispose of and replace these items immediately.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared 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 comprehensive induction booklet for locum GP staff. However, there was no formally documented programme for other staff to monitor progress and record the completion of the induction process.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for some aspects of care but below others in some areas. The practice undertook to review below average ratings with a view to achieving improved results in future surveys.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had a system in place to identify and support carers. However, just under one percent of the practice list had been identified as carers and offered support.
- Information for patients about the services available was easy to understand and accessible in most respects.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



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. For example, one of the partner GPs attended the locality commissioning group where the needs of the local population with chronic illnesses were discussed.
- 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 adequate facilities and equipment to treat patients and meet their needs. However, building work was in progress to improve patient facilities
- 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?

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 in most respects 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.
- Clinical and internal audit was used to monitor quality and to make improvements.
- The provider had systems in place to ensure compliance with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was recently formed and becoming active.
- There was a focus on continuous learning and improvement within the practice.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients in this group had a care plan and a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of older patients' needs and to assess and plan ongoing care and treatment.
- Where necessary, the practice referred patients to the local Rapid Response service to try to continue patient care and treatment at home to reduce hospital admissions.
- As part of a local network the practice had recently employed an integrated care co-ordinator who was responsible for improving uptake and co-ordinating services for patients with patients with multiple illnesses and conditions who required additional care. Care plans were in place for these patients through the practice's integrated care plan protocol.

People with long term conditions

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

Good



- The practice had access to community nursing staff who attended practice clinics to provide services in chronic disease management; patients at risk of hospital admission were identified as a priority.
- QOF performance for diabetes related indicators was above the CCG and national average for 2014/15. The practice attended a local multidisciplinary network at which a diabetic consultant and community diabetic specialist nurse were present to discuss the care and best management of cases according to local and national guidelines.
- Longer appointments and home visits were available when needed.
- 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 in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for the majority of standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 78% and the national average of 82%.
- The practice offered advice on contraception, family planning and sexual health. One of the GPs was a certified trainer in fitting intrauterine contraceptive devices (IUCDs).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- 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 ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

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 held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments and an annual health check for patients with a learning disability.
- 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.

Summary of findings

- 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).

- 95% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is above the national average.
- Performance for QOF mental health related indicators was above the CCG and national average.
- 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.
- Patients were offered referral for emotional support services in the community such as IAPT (individual access to psychological therapies) drug and alcohol addiction services and a child and adolescent services (CAMS).
- A community primary care mental health care worker provided services to patients at the practice.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



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 performing broadly in line with local and national averages, with some results above and some below average. Three hundred and thirty two survey forms were distributed and 111 were returned. This represented just under two percent of the practice's patient list.

- 67% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 61% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 74% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 71% 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%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards, the majority of which were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. In four comments cards patients were less positive about their experience. For example, one mentioned difficulty in getting appointments and another felt a lack of involvement in decisions about their care and treatment.

We spoke with six patients who generally commented positively about the practice. Some observed that it was difficult to maintain privacy due to the layout of the reception area, but they recognised that the building work now being undertaken in the practice premises would address this.

The Parkview Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an expert by experience.

Background to The Parkview Surgery

The Parkview Surgery provides primary medical services through a General Medical Services (PMS) contract within the London Borough of Hillingdon. The practice is part of NHS Hillingdon Clinical Commissioning Group. The services are provided from a single location to around 6000 patients. The practice serves a diverse ethnic, cultural, demographic and socio-economic mix and has broadly average numbers of patients in all age groups. There has been a recent increase in Polish patients registering at the practice. One of the GPs is Polish.

At the time of our inspection, there were three permanent GPs (one male and two female) and a regular locum GP employed at the practice who normally provide 19 clinical sessions per week. The practice also employed a practice manager (vacant at the time of the inspection), two part-time practice nurses, a practice administrator, and four reception staff.

The practice is open between 8.00am and 6.30pm Monday to Friday. Appointments are from 8.00am to 1.00pm and 2.30pm to 6.30 pm Monday to Friday. Extended hours GP clinics are offered by appointment on Tuesday between 6.30pm – 7.00pm and two separate clinics on Thursdays between 7.15am -8.00 am and 6.30pm – 7.15pm. There is

also an extended hours nurse clinic on Thursday between 6.30pm – 7.30pm. In addition to pre-bookable appointments, urgent appointments are also available for people that needed them.

There are arrangements to ensure patients received urgent medical assistance when the practice was closed. Out of hours services are provided by a local provider. Patients are provided with details of the number to call.

The practice is also part of a network of eight local practices which allows it to offer services such as week-end cover for over 75 year old patients, a trained Chronic Obstructive Pulmonary Disease (COPD) nurse and an integrated care plan co-ordinator to improve care for patients with chronic conditions and at risk of admission to hospital.

The practice is registered to carry on the following regulated activities:

Diagnostic and screening procedures

Family Planning

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

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

Detailed findings

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 16 June 2016. During our visit we:

- Spoke with a range of staff (two partner GPs, a locum GP, practice nurse, the practice administrator, and three receptionists) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- 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 in place 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 did not make specific reference to 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). However, the practice was aware of incident notification and enacted the duty of candour principles. 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, following an unexpected cancer diagnosis the clinical team reviewed the assessment of patients' physical symptoms to ensure a robust approach in all cases.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. There was a comprehensive policy on safeguarding of children which was accessible to all staff. The policy did not contain details of who to contact outside the practice for further guidance if staff had concerns about a patient's welfare. Such details were, however, on display in GP consultation rooms and the practice undertook to ensure they were made available to the

reception team and nursing staff immediately after the inspection. One the day of the inspection we were told there was no equivalent policy on safeguarding of vulnerable adults but the practice followed pan London guidance. However, after the inspection the practice provided evidence that a policy had been in place. 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 apart from a very recently recruited staff member had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role but had not received a Disclosure and Barring Service (DBS) check, and no there was no documented risk assessment regarding this. We saw evidence though, that the practice manager had set up an account with a checking organisation to arrange checks for these staff. (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. We observed the premises to be clean and tidy. The practice nurse liaised with the local infection prevention teams to keep up to date with best practice. However, the practice nurse was unsure who the infection control clinical lead was. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. There were appropriate spillage kits available.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were intended to keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place 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 CCG pharmacy teams, to ensure prescribing was in line with best

Are services safe?

practice guidelines for safe prescribing. Prescriptions were kept securely in some respects. However, no record was kept of serial numbers of batch numbers of prescriptions to ensure full monitoring of their use, which could compromise their security.

- There was a process for ensuring that medicines were kept at the required temperatures. We saw that checks of fridge temperatures were carried out daily and recorded. However, vaccines stored in the fridge were kept in plastic containers and not the original packaging as required under Public Health England guidance.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found limited documentary evidence of recruitment checks undertaken prior to employment. For example, on several files there was no record of checks for proof of identification, references, or, registration with the appropriate professional body.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments but had no record of carrying out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However, we found a number of clinical items in one of the consulting rooms that were out of date, including doppler gel (used for ultrasound), needles and swabs and two smear test kits. The practice undertook to dispose of and replace these items immediately. The practice had a variety of other risk assessments in place

to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Although an in-house legionella risk assessment had been completed, the practice had not carried out monthly water temperature checks identified as necessary as a result of that assessment.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all 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.

- 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. However, one of the medicines recommended in national guidance, for severe asthma and severe or recurrent anaphylaxis, was not kept in the emergency kit and there was no documented risk assessment of the reasons for not stocking the medicine excluded. The practice undertook to complete an assessment following the inspection.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and 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 99% of the total number of points available.

Data from 2014/15 showed:

- Performance for diabetes related indicators was above the national average: 100% compared to 89%.
- Performance for mental health related indicators was above the national average: 100% compared to 93%.

The following was identified by CQC prior to the inspection as a 'large variation for further enquiry'

Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2014 to 30/06/2015) - Practice 0.63; National 0.26.

The practice was unable to offer any explanation for this variation but undertook to review the prescribing rates at its next clinical meeting.

The following was identified by CQC prior to the inspection as a 'very large variation for further enquiry'.

There was no data that the practice has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2014 to 31/03/2015).

The practice explained that there were monthly multidisciplinary meetings at the practice to discuss patients with long term and complex conditions. Palliative care meetings were held when necessary and usually quarterly if possible. We saw the minutes of one such meeting.

There was evidence of quality improvement including clinical audit.

- The practice submitted details of three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Findings were used by the practice to improve services. For example, as a result of a recent audit of patients with atrial fibrillation (AF), the practice had improved its coding of such patients and identified which patients were receiving anticoagulation medicines and reviewed those not who were not. Two patients had started anticoagulation medicine as a result of the review reducing their risk of stroke.

Effective staffing

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

- Under the practice's recruitment procedures, staff received induction in the practice's working processes and policies, which covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. There was comprehensive induction booklet for locum GP staff. However, there was no formally documented programme for other staff to monitor progress and record the completion of the induction process.
- 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

Are services effective?

(for example, treatment is effective)

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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff that were due one had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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 recorded in patient records.

Supporting patients to live healthier lives

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

- 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 and those in at risk groups including vulnerable children and adults, patients with learning disabilities and mental health problems. Patients were signposted to the relevant service.
- Clinical staff provided dietary and lifestyle advice and also referred patients to local support services and exercise programmes. Of 111 patients identified as obese, 102 (92%) had been offered support. Smoking cessation advice was available from nursing staff and patients could also attend clinics at local pharmacy and support group. A total of 1471 smokers had been identified and 1460 (99%) had been offered cessation advice. Thirty smokers had quit smoking in the last 12 months.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 78% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 93% and five year olds from 91% to 95%.

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients (completed for 31% of eligible patients) and NHS health

checks for patients aged 40–74 (completed for 25% of eligible patients). 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 area to discuss their needs.

The majority of the 44 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. In four comments cards patients were less positive about their experience. For example, one mentioned difficulty in getting appointments and another felt a lack of involvement in decisions about their care and treatment.

We spoke with six patients who generally commented positively about the practice. Some observed that it was difficult to maintain privacy due to the layout of the reception area, but they recognised that the building work now being undertaken in the practice premises would address this.

We spoke with one member 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 broadly in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.

- 77% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

The majority of 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 the majority of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Some results were in line with local and national averages but some were below. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 69% 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%.
- 71% 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 was unable to explain the results that were below average but had met to review the results and would be deciding what action could be taken to improve results in future surveys.

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. There was a notice in the reception area informing patients this service was available.
- Information leaflets were available providing a range of health advice and details on support services.

Patient and carer support to cope emotionally with care and treatment

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 57 patients as carers (just under 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer condolences. 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 population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, one of the partner GPs attended the locality commissioning group where the needs of the local population with chronic illnesses were discussed. Referrals to various specialities were discussed and the group reviewed specific cases.
- The practice offered extended hours GP clinics on Tuesday between 6.30pm – 7.00pm and two separate clinics on Thursdays between 7.15am - 8.00 am and 6.30pm - 7.15pm. There was also an extended hours nurse clinic on Thursday between 6.30pm - 7.30pm. There were longer appointments available for patients 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 as well as those only available privately.
- There were disabled facilities and translation services available.
- The practice was undergoing building work to improve patient facilities including increasing the size of the waiting area and providing access to consulting rooms without having to pass through reception, and an additional consulting room to meet an expansion of the patient list.
- As part of the locality network the practice provided a weekly nurse clinic to carry out spirometry and Chronic Obstructive Pulmonary Disease (COPD) checks and referrals for pulmonary rehabilitation.
- Patients were offered referral for emotional support services in the community such as IAPT (individual access to psychological therapies), drug and alcohol addiction services and a child and adolescent service (CAMS).

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were from 8.00am to 1.00pm and 2.30pm to 6.30pm Monday to Friday. Extended hours GP clinics were offered on Tuesday between 6.30pm - 7.00pm and two separate clinics on Thursdays between 7.15am - 8.00 am and 6.30pm - 7.15pm. There was also an extended hours nurse clinic on Thursday between 6.30pm - 7.30pm. In addition to pre-bookable appointments, urgent appointments were also available for people that needed them.

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

- 69% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 67% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The majority of people we spoke with on the day of the inspection told us that 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.

Patients requesting a home visit were asked to telephone before 10.00am if possible. A doctor would then call them back to discuss their request to help to judge whether a home visit was appropriate and the urgency of the patient's needs. 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.

At the time of the inspection, the practice did not have a website to enable on line access to the service including booking of appointments.

Listening and learning from concerns and complaints

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

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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 including a leaflet available in the reception area and details in the practice information leaflet.

We looked at three complaints received in the last 12 months and they were satisfactorily handled, dealt with in a timely way, and showed openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, following a complaint the practice reviewed its processes for handling maternity forms to ensure all staff were aware of the action to take and advice to give to patients on receipt of the forms.

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 set out its objectives for patient care in its statement of purpose and these were communicated to staff and patients in the practice philosophy contained within the practice charter leaflet available in the waiting areas. Staff knew and understood the practice philosophy and values.
- The practice had a 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 in most respects 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
- Clinical and internal audit was used to monitor quality and to make improvements
- There were robust 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 had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong

with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG, which had recently been formed and planned to meet quarterly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, as a result of a survey in 2015/16, the practice was introducing an additional GP clinic session every Friday, due to start in July 2016.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

Are services well-led?

Good 

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

There was a focus on continuous learning and improvement within the practice. The practice team was forward thinking and part of local schemes to improve outcomes for patients in the area. For example, as part of a

local integrated care network the practice had recently employed an integrated care co-ordinator who was responsible for improving uptake within the scheme and co-ordinating services for patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider did not have adequate arrangements in place to ensure care and treatment to patients was provided in a safe way. There were shortcomings in medicines management, and in ensuring clinical items and equipment were up to date. Regulation 12 (1)
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: Patients were not fully protected against the risks associated with the recruitment of staff, in particular in ensuring all appropriate pre-employment checks are carried out and recorded prior to a staff member taking up post. Regulation 19 (1)