

# Victoria Park Medical Centre

## Quality Report

Victoria Park Medical Centre  
Victoria Park Drive  
Bridgwater  
Somerset  
TA6 7AS  
Tel: 01278 437100  
Website: [www.vpmc.co.uk](http://www.vpmc.co.uk)

Date of inspection visit: 30 November 2016  
Date of publication: 02/02/2017

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

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

### Detailed findings from this inspection

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

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Victoria Park Medical Centre (previously Doctors Lewis, Hawkes and Dicks) on 30 November 2016 to check if improvements have been made in response to our previous inspection on 3 February 2016 when the practice was placed in special measures following an overall rating of inadequate. Overall the practice is now rated as good.

On 3 February 2016 we found the practice was inadequate for the safe and well led domains and required improvement for the responsive domain. We found the practice was good for effective and caring domains. This led to an overall rating of inadequate. We also rated the services for the specific population groups inadequate to align with these ratings. Following the inspection, which raised significant concerns, we placed the practice into special measures. Being placed into special measures represents a decision by Care Quality Commission (CQC) that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

We issued warning notices in regard to:

- Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.
- Regulation 18 of the Health and Social Care Act (Regulated Activity) Regulations 2014, Staffing.

On 16 June 2016 we inspected the practice to check compliance had been met in regard to the warning notices. We found the provider had made significant steps to ensure the concerns which had been found previously in relation to the warning notices for Regulations 17 and 18, had or were in the process of, being addressed. The practice remained under special measures until we returned to carry out a comprehensive inspection at the end of the six month period after the initial report was published.

Our key findings across all the areas we inspected on 30 November 2016 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 were assessed and well managed.

# Summary of findings

- 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.
  - The practice had a higher than local average of patients recorded as obese. They had undertaken an audit on patients who had undergone bariatric surgery and developed a register of these patients. A recall system for follow up tests, injections and annual reviews had been implemented. (Bariatric surgery is a procedure to reduce weight through reduction of the size of the stomach).
  - 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 named GP and there was continuity of care, with urgent and routine 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 staff and patients, which it acted on.
  - The provider was aware of and complied with the requirements of the duty of candour.
- However there were areas of practice where the provider should make improvements:
- The provider should have a system in place to demonstrate action is taken to address any improvements when highlighted in infection control audits.
- This service was placed in special measures in April 2016 in order for the provider to take steps to improve the quality of the services it provided. I am taking this service out of special measures. This recognizes the significant improvements made to the quality of care provided by this service.
- Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

At our previous inspection on 3 February 2016 we had concerns that the practice did not have safe systems and processes in place to keep patients safe, we rated this area as inadequate. The practice is now rated as good for providing safe services.

- There was an effective system in place 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 in place to 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) (2014/15) 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 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 (July 2016) 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.

Good



# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

At our previous inspection on 3 February 2016 we had concerns that the practice was not responsive to people's needs and rated this area as requires improvement. The practice is now rated as good for providing responsive services.

- Practice staff reviewed the needs of its population and engaged with the NHS England Area Team and Somerset Clinical Commissioning Group to secure improvements to services where these were identified. For example, they were working with another provider to ensure long term sustainability of the practice.
- Access to the practice by patients had improved by the installation of a new telephone system which gave more telephone lines and staff the ability to answer the phones at peak times. Patients told us telephone access had improved and they preferred the new system.
- The practice had implemented a new appointment system with routine and urgent appointments available on the same day. Patients said they found it easy to make an appointment with a named GP and there was continuity of care.
- 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. Complaint management followed national guidance and were fully investigated with actions taken recorded. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

At our previous inspection on 3 February 2016 we had concerns that the non-clinical governance of the practice was not well-led. We rated this area as inadequate. The practice is now 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.

Good



# Summary of findings

- 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.
- The provider was aware of and complied with the requirements of the duty of candour. The provider 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 (PPG) was active.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients identified as at risk of admission to hospital had a care plan.
- Patients over the age of 75 had a named GP.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data showed performance for diabetes related indicators was comparative to local and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- 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 all standard childhood immunisations.
- Patients told us children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Cervical smear data showed the practice performance was comparative to local and national data.

Good



# Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice was situated within a community centre which had a nursery school making access for families easier.
- 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).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services 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 reflects the needs for this age group.
- Extended hours appointments were available.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments 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.
- 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.
- The practice provided specialised care for patients with substance misuse.

Good



## 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





# Summary of findings

- The percentage of the practice population with dementia was 0.56%, 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average.
- Data showed performance for mental health related indicators was comparable to local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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 July 2016. The results showed the practice was performing mostly in line with local and national averages. Of the 258 survey forms distributed 117 were returned, representing approximately 2.5% of the practice's patient list. The survey took place prior to practice changes to the appointment system and new telephone system. Results from the survey showed:

- 58% of patients found it easy to get through to this practice by phone compared to the Somerset Clinical Commissioning group (CCG) average of 79% and the national average of 73%.
- 65% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 75%.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 83% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 84% and the national average of 79%.

We looked at the NHS Choices website to look at comments made by patients about the practice. (NHS Choices is a website which provided information about NHS services and allows patients to make comments about the services they received). We saw there were 30 reviews since November 2013. Of these 12 reviews had been made since November 2015 of which four were positive. Patients had given low ratings for access to the

practice by telephone and access to routine appointments. Since the practice introduced a new telephone system and on the day appointments there have been no further negative reviews.

The NHS Friends and Family Test for October 2016, where patients were asked if they would recommend the practice, showed the 20 patients (100%) that responded would recommend the practice to their family and friends. The national average is 79%. Prior to October 2016 the practice population had not taken the opportunity to provide feedback on their experiences.

As part of our inspection we asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 39 comment cards of which 36 were positive about the standard of care received. Of the three remaining comment cards one patient commented about a receptionist's attitude and another patient commented about the three to four week delay in routine appointments. Patients told us GPs were compassionate, caring and supportive with particular references made to end of life and mental health care. Patients told us all the staff were courteous, friendly and professional and treated them with dignity and respect.

We spoke with three patients and one carer during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We also spoke to three members of the patient participation group (PPG). They told us they were satisfied that the improvements to the telephone system had improved patient access to care.

## Areas for improvement

### Action the service **SHOULD** take to improve

- The provider should have a system in place to demonstrate action is taken to address any improvements when highlighted in infection control audits.

# Victoria Park Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Victoria Park Medical Centre

The practice is located in Bridgwater, a town close to the M5 motorway, eight miles south west of Taunton, on the edge of the Somerset Levels in the Sedgemoor district of the county of Somerset. The practice provides primary medical services for the town and some surrounding rural villages and hamlets.

The practice is located in a purpose built building within a community development which was built in 2006 in the grounds of a recreation park. The facilities include a pharmacy, children's nursery and a children's centre. Active living programmes and a green gym within the park are examples of services provided to the local community.

The practice has a population of approximately 4661 patients. The practice has a significantly higher than England average number of patients aged 0-14 years of age and a significantly lower than England average number of patients over 65 years of age. The practice has a high level of deprivation with a score of 26 which is higher than the England average of 22 and the Somerset average of 18.

The public health profile for the practice shows it has a higher rate of mortality and a much less healthy population when compared to local and national data. For example,

obesity, smoking and drug and alcohol addictions are all higher than the Somerset average. The practice population has the worst unemployment in Somerset and 32% of the patients live in one of the most deprived areas in Somerset.

The practice has a Primary Medical Services contract (PMS) with NHS England to deliver primary medical services. The practice provides enhanced services which include facilitating timely diagnosis and support for patients with dementia; childhood immunisations and enhanced hours patient access.

Dr Lewis is currently in the process of changing to sole provider registration with the Care Quality Commission following the departure of two GP partners. The Primary Medical Services contract is held by Dr Lewis.

The practice team includes a male salaried GP and a regular female locum GP whom together with Dr Lewis provides the practice with 16 GP sessions per week. A female nurse practitioner provides 4 sessions per week. In addition the team comprises of two female practice nurses, one health care assistant, an interim practice manager and eight part time administrative staff which include a prescribing clerk, receptionists and secretaries. A new health care assistant and receptionist had been employed by the practice and were shortly due to commence work.

The GPs had special interests and additional skills in areas including substance misuse; obesity and bariatric surgery.

The practice is open between 8am to 7.30pm on Monday and 8am to 6.30pm Tuesday to Friday. Appointments are pre-bookable up to six weeks in advance and are for 10 minutes each.

Since our previous inspections in February 2016 and June 2016 the practice had installed a new telephone system providing more accessible lines into the practice. In

# Detailed findings

addition they had recently commenced a change to appointments for GPs by allocating less routine pre-bookable appointments. Patients were now able to telephone on the day and speak to or see a GP.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access NHS 111 and Somerset Urgent Care Doctors provide an Out Of Hours GP service.

## Why we carried out this inspection

Victoria Park Medical Centre was previously inspected 3 February 2016 and rated inadequate overall. As a result, the practice was placed in Special Measures for a period of six months (from the publication of the final report) to enable improvements to be made.

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 purpose of this inspection was to check if sufficient improvements had been made to comply with 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 30 November 2016.

During our visit we:

- Spoke with a range of staff (GPs, practice nurses, the practice manager and administrative).
- We spoke with patients who used the service including the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed a 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.
- Spoke to other providers of healthcare.

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 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 Care Quality Commission (CQC) at that time.

# Are services safe?

## Our findings

### Safe track record and learning

Since our previous inspection in February 2016 the practice had reviewed the process and procedures for significant events and introduced robust processes for reporting, recording, acting on and monitoring all significant events. We saw 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 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. Each significant event was discussed at the weekly staff meeting where action points and lessons learnt were disseminated to staff and changes implemented.

We reviewed most of the 25 significant events since April 2016. The practice analysed a wide range of events including positive events and risks from challenges of changes to the partnership. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence lessons were shared and action was taken to improve safety in the practice. For example, we saw a patient's results did not receive a follow up by a GP. The administrative team had missed this due to a large volume of paperwork. We saw a process had been put in place to ensure all results were signed and stamped by a GP with a record of any actions to be taken. For this specific type of test (an electrocardiogram) the new protocol identified that all results now went straight to a GP for advice.

We saw the practice routinely reviewed complaints and if necessary carried out a significant event analysis. For

example, following a complaint about a child's reoccurring ill health not being dealt with appropriately, despite the mother requesting a GP appointment, we saw a discussion had taken place with all staff. As a result reception staff were directed to ensure GPs were made aware of any requests for children to be seen and for clinical staff to seek a second GP opinion if there was repeated attendance.

### 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. 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 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 and nurses were trained to child protection level three.
- 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 and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. 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 keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. We saw that the practice needed to have a system to record issues highlighted from the most recent audit to ensure action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept

## Are services safe?

patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Prescriptions for controlled medicines, for the treatment of patients with substance misuse were stored securely and in line with national requirements. (Controlled medicines require extra checks because of their potential misuse). 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 clinical commissioning group pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. Staff received mentorship and support from the medical staff for this extended role.

- Since our previous inspection in February 2016 Patient Group Directions (PGDs) had been reviewed by the practice to ensure the necessary governance arrangements had been completed. PGDs had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We saw the practice nurses had implemented a management tool to effectively manage PGDs.
- Since our previous inspection in February 2016 the provider had reviewed the recruitment policy and procedures to ensure all necessary employment checks for all staff were completed before employment commenced and role and location specific induction packs were available for all staff including locums. We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample

taker was available. 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.

### Monitoring risks to patients

Since our previous inspection in February 2016 the leadership team had ensured there was a holistic and comprehensive understanding of safety systems with managerial oversight of and documentation of risk assessments and safety checks. For example, fire drills, staff immunisation records, legionella and a system for checking of and calibration of medical equipment. We saw that risks to patients were assessed and well managed. We saw that a recent public health alert on a measles outbreak affecting staff in primary care had undergone a practice risk assessment with staff receiving advice and if necessary immunisation.

- 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 and carried 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. 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 legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had undertaken risk assessment for all staff with regards to staff immunisation against infectious diseases. Each staff member had received information on their risk and vaccines where required.
- 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. We saw locum requirements were added to the rota in advance to ensure adequate GP cover.

## Are services safe?

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A 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 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 implemented through the significant events and complaints.

### 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 95% of the total number of points available, with 7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- 6% of the practice population had been diagnosed with diabetes. The local clinical commissioning group (CCG) prevalence of diabetes for patients aged 17 and over was approximately 6.3%. Performance for diabetes related indicators was similar to the CCG and national average. For example, patients with diabetes who had received a foot examination was 92% compared to the CCG average of 81% and national average of 88%.
- The percentage of patients at the practice with a diagnosed mental health condition was 0.64% of the practice population which was in line with the CCG prevalence of 0.7%. Data showed performance for mental health related indicators was comparable to

other practices. For example, the percentage of patients with a comprehensive care plan in place was 86% which was better than the CCG average of 54 % and above the national average of 84%.

- The percentage of the practice population diagnosed with asthma was 7% which was in line with CCG prevalence of 6.4%. The percentage of patients with asthma who had received an asthma review in the last twelve months (2015/16) was 65% which was better than the CCG average of 59% and below the national average of 88%. We spoke to the practice who told us about the loss of two GP partners and an experienced practice nurse within the last year and poor attendance rates for asthmatics. We also looked at current data for 2016/17 and saw to date the practice had undertaken 49% of asthma reviews out of the required minimum 70%. Telephone assessments were undertaken for patients who would not attend and GPs undertook opportunistic screening. The practice told us they were aware of the lower than preferred reviews at this point in the current QOF year especially with attendance in the 14 to 19 year old age group.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored. One audit on hormone replacement therapy was due to go through a second cycle of audit. We saw that a clinical discussion had taken place following the results of the audit.
- The practice participated in local audits and national benchmarking.
- Findings were used by the practice to improve services. For example, the practice had a higher than local average of patients recorded as obese. The practice had undertaken an audit on patients who had undergone bariatric surgery. (Bariatric surgery is a procedure to reduce weight through reduction of the size of the stomach). Recent action taken as a result included a register for patients who had undergone bariatric surgery; a recall system for follow up tests, injections and annual reviews for nutritional support and weight loss monitoring.

The practice had introduced a medicines optimisation system to improve prescribing quality and patient safety



# Are services effective?

## (for example, treatment is effective)

and to reduce risk from medicine errors. The tool used allowed the practice to support patients to get the best possible outcomes from their prescribed medicines. The prescribing clerk reviewed the system weekly and reported any concerns to the GPs.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We looked at the induction programme and saw it was comprehensive. New staff provided positive feedback on their induction to the practice.
- 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. The prescribing clerk had undertaken the RCGP Certificate in the Management of Drug Misuse (Part 1). This meant they had a good understanding of risks associated with prescribing treatments and required monitoring for this group of patients.
- One member of staff had been employed as an apprentice under a NVQ (national vocational qualification) in business. They had been given a full time post following completion of the course. The practice had recruited another apprentice under the same NVQ.
- 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, one-to-one meetings, coaching and mentoring, clinical

supervision and facilitation and support for revalidating GPs. All staff had received an informal meeting to discuss performance and staff needs. We saw that appraisals were due to take place shortly.

- 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.
- The practice had a good system in place to ensure patient reports from other providers were actioned effectively. For example, the duty GP was tasked with reading reports from the Out Of Hours GP service and directed other members of the team to complete any required actions.

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 three monthly basis and additional meetings took place between these times when required. Care plans were routinely reviewed and updated for patients with complex needs.

We saw good interaction with the pharmacy when they came to the practice to discuss a prescription query. Pharmacy staff told us they worked well with the practice who were fully engaged, dealing with queries quickly and appropriately.

### Consent to care and treatment

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

# Are services effective?

(for example, treatment is effective)

- 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:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition, those with no fixed abode and those requiring advice on their weight management, smoking and patients with alcohol or drug misuse.
- Patients were signposted to the relevant service. For example, there was a free weight loss clinic held at two other local practices and a dietician visited the practice monthly. Support to stop smoking was available within the community centre complex.

The practice's uptake for the cervical screening programme was 74% which was comparable to the clinical commissioning group (CCG) average of 76% and the national average of 74%.

Childhood immunisation rates for the vaccines given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 95% to 97% and five year olds from 92% to 100%.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Of those eligible 61% had undertaken bowel cancer screening which was comparable to the national average of 60%. Of those eligible 79% of female patients had attended breast cancer screening compared to the national average of 72%.

Patients had access to appropriate health assessments and checks through a separate provider which highlighted concerns to the practice. The practice provided additional health checks, for example, weight, blood pressure and lifestyle advice. They provided health checks for new patients where necessary and opportunistic health screening. 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 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.
- Same gender clinicians were offered where appropriate

Nearly all of the 39 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.

We spoke with three members of the patient participation group (PPG). They 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 (July 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was above average for satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 87%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.

- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 90%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% 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 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 were positive and aligned with these views. We saw that care plans were personalised.

Results from the national GP patient survey (July 2016) 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:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the local clinical commissioning group (CCG) average of 89% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local CCG average of 86% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local CCG average of 87% and the national average of 85%.

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

- Staff told us translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Longer appointments were available for this group of patients.
- Information leaflets were available in easy read format.
- The practice used a pathway navigator system to ensure they followed best practice guidelines.

## Are services caring?

- For patients with long term or complex conditions, care plans were available. The health care assistant worked with the patient and GP to formalise a plan of care. We looked at these and saw clear records on patient preferred pathways. For example, whether they would like to be resuscitated and their preferred place to receive care and treatment.

### **Patient and carer support to cope emotionally with care and treatment**

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice referred patients to the community centre in the adjacent building where various support groups took place for patients. For example, an eastern European group, a mother and baby group and an older persons club.

The practice's computer system alerted GPs if a patient was a carer. The practice had identified 3% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. Carers received an annual health assessment.

Staff told us if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was followed by a patient consultation at a flexible time and location to meet the family's needs and advice on how to find a support service.

Patients highlighted to us the exceptional care, support, empathy and time they received from the practice to manage their mental health and long term conditions.

# 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. One GP took an active role in the local GP Federation as prescribing lead and a member of the executive team.

- The practice offered a 'Commuter's Clinic' on a Monday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients who needed them. For example, patients with a learning disability or a vulnerability.
- Home visits were available for patients who needed them. For example, older patients and patients who had clinical needs which resulted in difficulty attending the practice. The nurse practitioner undertook home visits as well as the GPs.
- Same day appointments were available for children and those patients with urgent medical problems.
- Patients were able to receive travel vaccines available through the NHS. Those patients requiring vaccines only available privately were referred to other clinics.
- There were accessible disabled facilities, a hearing loop and translation services available. Patients whose first language was not English were offered longer appointments.
- The practice routinely telephoned vulnerable and older patients who did not attend appointments to check on their welfare.
- One GP had undertaken additional training to offer a substance misuse clinic for patients. A substance misuse nurse visited the practice weekly.
- The practice had improved telephone access by installing a new telephone system with additional lines into the practice and a message telling patients where they were in the queue.
- The practice employed a prescribing clerk who was available by a direct phone line to patients requesting medicines.
- The practice had recently changed the appointment system. In order to provide more on the day

appointments they had reduced the number of pre-bookable routine appointments. On the day appointments were available for urgent and non-urgent concerns.

### Access to the service

Since our previous inspection in February 2016 the practice had improved the access to the practice through a new telephone system. This meant there were now more telephone lines into the practice and all administration staff could assist with answering calls during peak times. The telephone system also provided patients with an option to be held in a queue and were advised of the length of call waiting times. The practice had also reviewed and improved the availability of appointments during core practice hours. They had introduced a new system whereby less pre-bookable appointments were available. This meant patients could have access to urgent and non-urgent appointments on the day they telephoned. This system was new however patients told us on the day of the inspection they thought it was working well and that they were able to get appointments when they needed them. Staff told us the new system was positive for them and patients. For example, patients could now leave a message on a direct line for the prescription clerk or medical secretary.

The practice was open between 8am and 7.30pm on Mondays. From Tuesday to Friday the practice was open between 8am and 6.30pm. Appointments were available for approximately 3.5 hours in the mornings usually between 9am and 12.30pm. In the afternoons appointments were usually available from 3pm to 5.30pm daily. Extended hours appointments were offered Monday evenings from 6.30pm to 7.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent and routine appointments were available for patients that needed them on the day.

Results from the national GP patient survey (July 2016) showed patient's satisfaction with how they could access care and treatment. (This survey was undertaken prior to the implementation of the new telephone and appointment systems).

- 82% of patients were satisfied with the practice's opening hours compared to the local clinical commissioning group (CCG) average of 89% and the national average of 79%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 58% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and the national average of 73%. Since this survey was undertaken the practice had introduced an improved telephone system.

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. For example, reception staff had received training to allow them to identify clinical warning signs where immediate care was required.

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**

Since our previous inspection in February 2016 the practice had reviewed the process and procedures for patient complaints and introduced robust processes for reporting, recording, acting on and monitoring complaints. We saw the practice had an effective system in place for handling complaints and concerns.

- The complaint 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 information was available to help patients understand the complaints system in the practice waiting area, within the practice booklet and on the website.
- Complaints were highlighted at practice meetings. We saw evidence of actions being identified at this meeting.

We looked at the nine complaints received since April 2016 and found the practice routinely recorded and investigated both verbal and written complaints. Complaints were satisfactorily handled in a timely way with most patients receiving a face to face discussion. Complaint investigations showed openness and transparency. Lessons were learnt from individual concerns and complaints and from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient complained to the practice when they were not advised of an abnormal test result. We saw the practice had undertaken a significant event investigation and advised the patient of the findings and the new system to ensure that all results were checked daily.



# 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 mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice told us they experienced difficulties in recruiting GPs. We saw that the practice was working proactively with other agencies to find solutions to their problems.

### Governance arrangements

Since our previous inspection in February 2016 the provider had reviewed policies and procedures to ensure they were easily accessible to staff; updated to reflect current guidelines and legislation and contained, where necessary referral pathways. The practice had employed an interim practice manager to support the lead GP with non-clinical practice management and administration. The interim practice manager had a permanent post at another local practice and was able to share good practice and up to date systems and processes. We saw there was adequate support for Dr Lewis in the non-clinical business management of the practice. The practice had worked to ensure there were effective structures, processes and systems of accountability in place which reflected a systematic approach to maintaining and improving the quality of patient care and service delivery.

We saw that 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:

- There was a clear staffing structure and 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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection Dr Lewis and the interim practice manager 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 they were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure 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 weekly team meetings and they could request agenda items.
- 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 Dr Lewis and the interim practice manager. Staff told us the interim practice manager was very approachable and staff could contact her on days she was not at the practice.
- Staff told us the changes in the management of the practice had provided them with more confidence and understanding of practice management.
- All staff were involved in discussions about how to run and develop the practice, and the GPs encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

# Are services well-led?

Good 

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

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

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

- The practice had gathered feedback from patients through the NHS Friends and Family test, reviews on NHS Choices, patient complaints and compliments and through the patient participation group (PPG). The PPG met regularly, supported by GP attendance at meetings and there were plans to carry out patient surveys. The PPG felt able to submit proposals for improvements to the practice management team. Due to concerns raised from our previous inspection the practice had focused on improving practice management of systems. This meant focus on patient surveys involving the PPG had been put on hold. The practice told us they intended to grow and develop patient participation to make the relationship between patients and the practice stronger.

- The practice had gathered feedback from staff through team meetings, one to one feedback and discussions. 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

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and taking action to ensure the future sustainability of the practice. For example, we saw the practice were working towards developing extended services and long term sustainability through the stabilisation of the GP workforce and integration with another provider.