

# Park House Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park House Medical Centre on 5 October 2016. Overall the practice is rated as good.

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

- The practice is situated in a purpose built health centre which also accommodates a community clinics and another practice. The practice was clean and had good facilities including disabled access and translation services.
- The practice had some staffing issues and had recruited two new GPs six weeks before our inspection. There was a shortfall of reception and administration staff due to absence and staff felt under pressure but had coped with the workload. The practice management were aware of this and were addressing the issue.
- There were systems in place to mitigate safety risks including analysing significant events and safeguarding.

- The practice 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).
- Patients' needs were assessed and care was planned and delivered in line with current legislation.
- 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. The practice sought patient views about improvements that could be made to the service; including having a patient participation group (PPG) and acted, where possible, on feedback.
- Staff worked well together as a team and all felt supported to carry out their roles.

There were some elements of outstanding practice including:

The practice had encouraged the career progression of staff and empowered them to be part of the ongoing development of the practice. For example, the health care assistant had started at the practice originally as a receptionist and the practice had encouraged her to train

# Summary of findings

for a health care qualification. The healthcare assistant had produced some work to help staff and patients that had been adopted by the practice and the CCG. For example:

- A document to simplify the instructions for staff using the computer software.
- A health check booklet for new patient checks to explain what the results of their checks meant and should be and supporting information about healthy living. This had been adopted by the CCG to be rolled out to other practices.
- A welcome pack for new patients
- Information for borderline diabetic patients
- Documents to give a clear audit trail for prescription collection.
- Information cards for GPs to give out to patients who were identified as carers.

However, there were improvements the practice should make:

- Have a notice at the reception window to direct patients to who they can contact when the practice is closed.

- Assess any risk and implement a lone working policy for GPs on call in the building when the practice is closed.
- Have a more robust system in place to monitor training for staff and ensure all staff complete mandatory training for equality and diversity, mental capacity and fire safety.
- Have a greater degree of oversight for information regarding health and safety legislation for the building.
- Ensure references are also sought for non-clinical staff and retained.
- Display appropriate safety signs for where the oxygen is stored and ensure this is marked on the map of the building at the entrance to ensure fire crews know oxygen is on the premises.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. The practice took the opportunity to learn from internal incidents and safety alerts, to support improvement. There were systems, processes and practices in place that were essential to keep patients safe including medicines management and safeguarding. The practice had medication and equipment to deal with medical emergencies.

Good



### Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Clinical audits demonstrated quality improvement. Staff worked with other health care teams. Staff received training suitable for their role but there were some gaps identified which the practice assured us would be resolved.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect. The office manager organised a variety of events to raise money for local and larger charity organisations.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. 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.

Good



### Are services well-led?

The practice is rated as good for being well-led. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. The practice proactively sought feedback from staff and patients and had an active PPG. Staff had received inductions and attended staff meetings and events. The practice had encouraged the career progression of staff and empowered them to be part of the ongoing development of 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 providing services for older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits and care home visits. The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for the over 75s and the practice tried to see these patients on the same day if possible.

Good



### People with long term conditions

The practice is rated as good for providing services for people with long term conditions. The practice had registers in place for several long term conditions including diabetes and asthma. Longer appointments and home visits were available when needed. All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the 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 providing services for 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. There were same day appointments available for children under 12 years of age. The practice offered childhood immunisations.

Good



### Working age people (including those recently retired and students)

The practice is as rated good for providing services for working age people. The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. There were online systems available to allow patients to make appointments. Early morning appointments were set aside for patients who worked.

Good



### People whose circumstances may make them vulnerable

The practice is rated as good for providing services for people whose circumstances make them vulnerable. The practice held a register of

Good



# Summary of findings

patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments, sometimes at the end of a clinical session were available for people with a learning disability.

## **People experiencing poor mental health (including people with dementia)**

The practice is rated as good for providing services for people experiencing poor mental health. Patients experiencing poor mental health received an invitation for an annual physical health check. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically. The practice worked with nurses from local mental health teams. The practice had been part of a dementia quality project to improve identification of those patients who were at risk of developing dementia.

**Good**



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2016 (from 120 responses which is approximately equivalent to 1.6% of the patient list) showed the practice was performing in line with or higher than local and national averages in certain aspects of service delivery. For example,

- 78% of respondents described their experience of making an appointment as good (CCG average 77%, national average 73%)
- 76% patients said they could get through easily to the surgery by phone (CCG average 77%, national average 73%).
- 91% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

In terms of overall experience, results were higher compared with local and national averages. For example,

- 89% described the overall experience of their GP surgery as good (CCG average 88%, national average 85%).

- 82% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards, all of which were very complimentary about the service provided. Patients said they received an excellent, caring service and patients who more vulnerable were supported in their treatment. However, there were two negative comments received, one about difficulty in the telephone system when dialling in and another about obtaining prescriptions.

We reviewed information from the NHS Friends and Family Test which is a survey that asks patients how likely they are to recommend the practice. Results from February to September 2016 from 142 responses showed that all patients were either extremely likely or likely to recommend the practice.

# Park House Medical Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

a CQC Lead Inspector and included a GP specialist advisor.

## Background to Park House Medical Centre

Park House Medical Centre is based in Prescot near a retail park. There were 7,543 patients on the practice register at the time of our inspection.

The practice is managed by three GP partners (two male, one female), two salaried GPs and one long term locum GP. There is one nurse practitioner, one practice nurse and one healthcare assistant. Members of clinical staff are supported by a business manager, an office manager, data manager, and computer manager and reception and administration staff.

The practice is open 8am to 6pm every weekday with the exception of Wednesdays when the practice phone lines closes at midday and the practice closes at 1pm. Patients requiring a GP outside of normal working hours are advised to contact the practice where their call is diverted to the out of hours provider, St Helens Rota. When the practice was closed on a Wednesday afternoon, any clinical queries were passed from the out of hours service to one of the GP partners on call.

The practice has a General Medical Services (GMS) contract and has enhanced services contracts which include childhood vaccinations.

### Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

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

### How we carried out this inspection

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)



# Detailed findings

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

The inspector :-

- Reviewed information available to us from other organisations e.g. the local clinical commissioning group (CCG).
- Reviewed information from CQC intelligent monitoring systems.

- Carried out an announced inspection visit on 5 October 2016.
- Spoke to staff and a representative of the patient participation group.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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 and incidents. 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 practice carried out a thorough analysis of the significant events. Significant events were discussed at staff meetings and also reviewed actions taken. Any complaints about clinical care were escalated and discussed as a significant event.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

There were systems in place to cascade safety alerts.

### Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding vulnerable adults and children. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Health visitors were invited to attend clinical meetings to discuss any concerns, however they did not always attend. The practice could however contact a health visitor if needed.
- A notice in the waiting room advised patients that chaperones were available if required. There was a chaperone policy that outlined all staff who acted as chaperones were trained for the role. However, one member of staff advised us they had not received formalised training. We discussed this with the business manager who advised us the day after the inspection that this had been addressed so that only clinical staff acted as chaperones. Staff who acted as chaperones 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 was clean and tidy. The health care assistant was the infection control clinical lead and attended meetings with the local infection control teams. There was an infection control protocol and staff had received up to date training. Infection control audits were undertaken and action plans were in place to address any shortfalls. There were spillage kits and appropriate clinical waste disposal arrangements in place.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice met with the medicines management team on a weekly basis to discuss and action any medication alerts. Emergency medication was checked for expiry dates.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. However, the practice did not take up references for non-clinical staff.

### Monitoring risks to patients

- There was a health and safety policy available which identified local health and safety representatives. The practice was managed by NHS Property Services who were responsible for fire risk assessments, Legionella risk assessments and monitoring for the building, cleaning and waste contracts; and gas and electrical safety. However, there were limited records available to the practice at the time of our inspection and confirmation that these had been completed was forwarded to us after the inspection. There were records of regular fire safety equipment tests. Staff told us the last fire drill had been 18 months ago, but it is

## Are services safe?

recommended these are completed on an annual basis. Staff were aware of what to do in the event of fire and had received fire safety training as part of their induction.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- 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 that enough staff were on duty. The practice had some staffing issues and had recruited two new GPs six weeks before our inspection. There was a shortfall of reception and administration staff due to absence and staff felt under pressure but had coped with the workload. The practice management were aware of this and were addressing the issue.
- The practice had received an external health and safety risk assessment and had acted on any actions required. For example, increasing security within the practice.

However, when the practice was closed on a Wednesday afternoons, the on call GP would attend the practice to see patients and the practice may wish to consider looking at security arrangements when this happens.

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

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

- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator and oxygen. We were shown the equipment was regularly checked. There was no safety sign or information on the building map at the entrance of the building to alert the fire service where oxygen was stored. There were first aid kits and an accident book available.
- 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 peoples' needs.

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

The practice regularly met with other healthcare professionals such as the community matron to discuss individual patient's needs.

### 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 and held regular meetings to discuss performance. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had good systems in place to ensure they met targets and results from 2014-2015 were 98% of the total number of points available. Performance for mental health related indicators was comparable or better than local and national averages for example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 97% compared to local average of 94% and national averages of 88%.

Performance for diabetes related indicators was comparable or better than local and national averages for example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 91% compared with a local average of 82% and national average of 78%.

The practice carried out a variety of audits that demonstrated quality improvement. For example, medication audits, minor surgery audits and clinical audits. The lead GP had carried out death audits for over 20 years and had previously had work published. The practice participated in national audits for cancer and diabetes. Audit work was discussed at quarterly audit meetings.

The practice identified key areas for quality improvement and had worked on increasing awareness of patients at risk of dementia; the uptake of flu vaccinations and a decrease in ophthalmology referrals. The practice had acted on previous high A&E attendances by offering more on the day appointments and proactively managing the care of patients over 75 years of age.

### 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 and there was an employee handbook. Induction covered such topics as infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Some mandatory training had been completed such as safeguarding, basic life support and information governance awareness. However, not all training had been provided for example, fire safety awareness and equality and diversity. We were informed the day after the inspection that the practice had registered to complete e-learning for these subjects. Staff told us they were supported in their careers and had opportunities to develop their learning.

### 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.

# Are services effective?

(for example, treatment is effective)

- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice liaised with local mental health teams. The practice had been part of a dementia quality project to improve identification of those patients who were at risk of developing dementia.

## Consent to care and treatment

Patients' consent to care and treatment was sought 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. GPs were aware of the relevant guidance when providing care and treatment for children and young people.

## Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service or seen in house. For example, the practice had a new smoking cessation service. The healthcare assistant had produced a health check booklet for new patient checks to explain what the results of their checks meant and should be and supporting information about healthy living. In addition. There was information for patients diagnosed with borderline diabetes to help prevent diabetes developing fully.

The practice carried out vaccinations and cancer screening and performance rates were higher compared with local and/or national averages for example, results from 2014-2015 showed:

- Childhood immunisation rates for the vaccinations given to two year olds and under ranged from 93% to 100 % compared with CCG averages of 93% to 98%. Vaccination rates for five year olds ranged from 93% to 100% compared with local CCG averages of 93% to 99%.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 83% compared to a national average of 82% and had the highest uptake compared to other practices within the local area.

# 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.

Results from the national GP patient survey published in July 2016 (from 110 responses which is approximately equivalent to 1.6% of the patient list) showed patients felt they were treated with compassion, dignity and respect. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 89% said the GP gave them enough time (CCG average 87%, national average 87%).
- 91% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 86% said they found the receptionists at the practice helpful (CCG average 90%, national average 87%).

The office manager organised a variety of events to raise money for local and larger charity organisations.

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

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 93% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%).
- 88% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).

Staff told us that telephone translation services were available. The practice website could be translated into other languages.

### 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's computer system alerted GPs if a patient was also a carer. The practice had a register of 123 carers (1.6% of patients) on its list. Information was available to direct carers to the various avenues of support available to them on the practice website and on a noticeboard in the waiting rooms. The health care assistant offered reviews for carers to meet their needs.

Staff told us that if families had suffered bereavement, their usual GP contacted them and offered a longer appointment to meet the family's needs or signposted those to local counselling services available.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups. For example;

- There were longer appointments available for people with a learning disability or when interpreters were required.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There was easy read formatted information.

There was a newsletter at reception which advised patients of the Accessible Information Standards that the practice has to follow. The newsletter advised if patients had specific communication needs to let the practice know. In addition it alerted patients to the problem of missed appointments.

The practice offered a range of services including:

- INR clinic (for patients on anticoagulant medication)
- Vaccinations and immunisations
- NHS Health checks
- Chronic disease clinics for example, diabetes management.
- Joint injections
- Smoking cessation clinics

### Access to the service

The practice is open 8am to 6pm every weekday with the exception of Wednesdays when the practice phone lines closes at midday and the practice closes at 1pm. One of the GPs was on call during the afternoon. Patients requiring a GP outside of normal working hours are advised to contact the GP practice and they were put through to the out of hours provider, St Helens Rota.

Appointments could be made in person, by phone including a 24hour booking system or online.

Results from the national GP patient survey published in July 2016 (from 110 responses which is approximately

equivalent to 1.6% of the patient list) showed that patient's satisfaction with how they could access care and treatment were comparable with local and national averages. For example:

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 76%.
- 88% of respondents were able to get an appointment to see or speak to someone last time they tried (CCG average 84%, national average 85%).
- 76% patients said they could get through easily to the surgery by phone (CCG average 77%, national average 73%).
- 84% said they usually waited 15 minutes or less after their appointment time to be seen (CCG average 63%, national average 65%).
- 78% of respondents described their experience of making an appointment as good (CCG average 77%, national average 73%)

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

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in a practice information leaflet at the reception desk and on the practice website. The complaints policy clearly outlined a time frame for when the complaint would be acknowledged and responded to and made it clear who the patient should contact if they were unhappy with the outcome of their complaint.

The practice discussed complaints at staff meetings. We reviewed a log of previous complaints and found both written and verbal complaints were recorded and written responses included apologies to the patient and an explanation of events.



# 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 the following mission statement which was available on their website:- 'At Park House Medical Centre we provide excellent customer care to all our patients and we communicate in a confidential, respectful and helpful manner. We aim to give patients the care they deserve to improve their overall health. All of our team are trained to deal with day to day problems that may occur in primary care.'

Staff were aware of the values of the practice.

Their vision was to 'work in partnership with our patients and staff to provide the best primary care services possible working within local and national governance, guidance and regulations.'

### Governance arrangements

Evidence reviewed demonstrated that the practice had:-

- A clear organisational structure and a staff awareness of their own and others' roles and responsibilities.
- Practice specific policies that all staff could access on the computer system including an overarching clinical governance policy.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. Meetings were held opportunistically when the need arose for staff. There were also monthly partners' meetings and minutes from these were available to all staff. Other meetings included: quarterly significant event and audit meetings, annual complaints summary meetings and meetings when complaints arose, palliative care meetings with other healthcare professionals and safeguarding meetings; and meetings with the local medicines management team.
- The practice held training away days to combine team building with social events, which included trips to other countries.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous quality improvement including the use of audits which demonstrated an improvement on patients' welfare.

- Proactively gained patients' feedback and engaged patients in the delivery of the service and responded to any concerns raised by both patients and staff.

### Leadership, openness and transparency

Staff felt supported by management. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues with the practice manager or GPs and felt confident in doing so. The practice had a whistleblowing policy and all staff were aware of this.

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

The practice had encouraged the career progression of staff and empowered them to add to the development of the practice. For example, the health care assistant had started at the practice originally as a receptionist and the practice had encouraged her to train for a health care qualification. The healthcare assistant had produced some work to help staff and patients that had been adopted by the practice and the CCG. For example:

- A document to simplify the instructions for using the computer software.
- A health check booklet for new patient checks to explain what the results of their checks meant and should be and supporting information about healthy living. This had been adopted by the CCG to be rolled out to other practices.
- A welcome pack for new patients
- Information for borderline diabetic patients
- Documents to give a clear audit trail for prescription collection.
- Information cards for GPs to give out to patients who were identified as carers.

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



# Are services well-led?

Good 

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

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 when possible.

- There was an established PPG (called Patient Voices) and the practice had acted on feedback. For example, the PPG had asked for information to be available on a TV screen in the waiting room. The PPG met on a quarterly basis and minutes of the meetings were available to patients.
- The practice used the NHS Friends and Family survey to ascertain how likely patients were to recommend the practice.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

The practice team took an active role in locality meetings such as meetings with other neighbourhood practices, Local Medical Committee meetings and clinical commissioning group meetings. Clinicians kept up to date by attending various courses and events. The practice took part in local pilot work. For example, the 'Local Healthy Hearts' programme to identify patients at risk of heart or stroke problems and to manage their medication as appropriate.