

# Parkside Surgery

## 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 Parkside Surgery on 12 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Clinical audits were undertaken and their results had been used to drive improvements to patient outcomes.
- 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.

- Patients said they found it easy to make an appointment with a GP. There was effective use of a telephone triage system to manage urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had a number of policies and procedures to govern activity and staff were engaged in a process of reviewing and updating them to ensure they were applicable to activities undertaken in the practice.

The areas where the provider should make improvement are:

- Ensure there is an auditable system for monitoring the recording of serial numbers on blank hand written and electronic prescriptions pads held in storage and once allocated to the GP so that their location is easily identified.

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- Ensure the system in place to monitor stocks of medicine held in the premises is fully embedded and incorporates all medicine including that stored in the GPs bags.
- Ensure all staff receive up to date infection prevention and control training and all cleaning tasks are included on relevant cleaning schedules, for example washing fabric privacy curtains.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology.
- The practice had clearly defined systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Thorough recruitment checks had been carried out prior to new employees starting work with the practice to ensure they were suitable for the role they were being asked to undertake.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a GP and there were urgent appointments available the same day that were managed via a telephone triage system.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- 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 staff 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 practice proactively sought feedback from staff and patients, which it acted on. The patient participation group interacted with the practice electronically.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Staff liaised closely with the community nurse practitioner who carried out proactive home visits to manage the healthcare needs of patients resident in local care homes.
- All patients over the age of 75 had a named GP.
- The practice maintained a palliative care register as well as a pre-palliative care register of patients nearing the end of their lives, and worked closely with palliative care nurses to coordinate their care.
- Flu vaccination rates for the over 65s were 80.41%.

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.
- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients with diabetes on the register whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 90.19% compared to the national average of 80.53%.
- Longer appointments and home visits were available when needed.
- All these patients were invited for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- 87% of patients on four or more medicines had attended for a medication review in the previous 12 months.

Good



### Families, children and young people

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

Good



# Summary of findings

- 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 standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82.39%, which was higher than the national average of 81.83 %.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice manager was involved in negotiations to prevent the withdrawal of health visitor services.

## **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 it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Appointments were available outside normal working hours to cater for those patients in full time employment.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had a shared care agreement with the local community drug team and clinics were offered on site for patients who misused drugs.

## 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).

- 86.11% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was slightly higher than the national average.
- Performance for mental health related indicators was also above the national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 92.86% compared to the national average of 88.47%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice offered an enhanced service to facilitate timely diagnosis of dementia
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. One of the GP partners is an active member of a local Dementia Friends group.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 2 July 2015 and the results showed the practice was performing in line with local and national averages. A total of 280 survey forms were distributed and 110 were returned. This was a response rate of 39.3% and represented 1.1% of the practice's patient list.

- 76.3% found it easy to get through to this surgery by phone compared to a CCG average of 71.1% and a national average of 73.3%.
- 86.9% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84.2%, national average 85.2%).
- 93.3% described the overall experience of their GP surgery as good (CCG average 84.5%, national average 84.8%).

- 91.1% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five completed comment cards which were all positive about the standard of care received. The comments described the service delivered as caring and efficient, with treatment offered in a timely manner. They said staff listened to patient's concerns and responded quickly.

We spoke with eight patients during the inspection. All eight patients said they were happy with the care they received and thought staff were approachable, committed and caring. They told us they were able to get appointments when they needed to and felt involved in their treatment.

## Areas for improvement

### Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Ensure there is an auditable system for monitoring the recording of serial numbers on blank hand written and electronic prescriptions pads held in storage and once allocated to the GP so that their location is easily identified.
- Ensure the system in place to monitor stocks of medicine held in the premises is fully embedded and incorporates all medicine including that stored in the GPs bags.
- Ensure all staff receive up to date infection prevention and control training and all cleaning tasks are included on relevant cleaning schedules, for example washing fabric privacy curtains.

# Parkside Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team also included a GP specialist advisor, a specialist advisor who was a practice manager, a second CQC inspector and an Expert by Experience (someone with experience of using GP services who has been trained in our inspection methodology).

## Background to Parkside Surgery

Parkside Surgery occupies a large purpose built building on the outskirts of Burnley town centre. The building has ample car parking available, including designated disabled parking spaces. There is also a bus stop located outside the front of the building for ease of access for patients without a car. The inspection team visited the main surgery premises, but the practice also has a small branch surgery (Foxcroft, Pendle Way) offering more limited services and opening hours which was not visited as part of the inspection. Patients are able to access services at either site.

The practice is part of the NHS East Lancashire Clinical Commissioning Group (CCG) and provides services to its 9834 registered patients via a general medical services contract with NHS England. The age distribution of the practice patient population is similar to the national average, although the life expectancy is slightly lower than average being 76 years for males and 80 years for females

compared to the national averages of 79 and 83 respectively. The practice has a higher proportion of patients with a long standing health condition (66.4%) than the national average of 54%.

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

The service is delivered by five GP partners (three female and two male), one salaried GP (female), two nurse practitioners, two specialist nurse practitioners, a practice nurse and two health care assistants. Clinicians are supported by non-clinical staff consisting of a practice manager and 11 administration and reception staff. The practice does not currently train new GPs.

The practice is open at the main surgery between 8am and 6:30pm Monday to Friday, with appointments available between these times. Extended surgery hours are offered between 7am and 8am on each Monday morning and between 6:30pm and 7:30pm each Tuesday evening for pre-booked appointments. The Foxcroft branch surgery is open between 8am and 12 noon Monday to Friday.

When the practice is closed, patients are able to access out of hours services offered locally by the provider East Lancashire Medical Services.

The practice has been inspected before on 30 December 2013 using the CQC's previous inspection methodology and was found to be compliant at that time.

## Why we carried out this inspection

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

# Detailed findings

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 January 2016. During our visit we:

- Spoke with a range of staff including, GPs, the practice manager, nursing staff, health care assistants, administrators and receptionists and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, staff told us of a significant event whereby appointment letters had become mixed up between two patients with similar names and addresses. Staff were able to describe the learning points that had been disseminated as a result and actions that had been put in place to ensure it did not happen again; letters were now sent out to patients including their full names, rather than simply the initial of their first name, and staff knew to check date of birth as well as name and address as an identity check when commencing an appointment. We viewed the clinical staff meeting minutes where this event was discussed. However, there was not a formalised process to revisit and review learning following significant event analysis to ensure that changes to practice had been effective in mitigating a repeat.

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

### 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 that reflected relevant legislation and local requirements and 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 GP for safeguarding, and staff we spoke with were aware of who this was. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. Primarily the nurses would act as chaperones, but on the rare occasions that a nurse was unavailable, one of the reception staff would instead. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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 nurse manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There were a number of infection control protocols in place however, not all staff had received up to date training. Annual infection control audits were undertaken and cleaning was actively monitored. We did note that the practice used fabric privacy curtains in consultation and treatment rooms. These curtains were not included on the cleaning schedule. The practice manager was able to tell us that they were last sent away for cleaning in April 2015, so were due to be cleaned again.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice were for the most part appropriate for keeping 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. Prescription pads were securely stored however, systems were not in place to monitor their use. Three of the nursing staff were qualified to prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this

## Are services safe?

extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

- We reviewed four 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.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice's health and safety policies were currently undergoing review to ensure they were up to date. The practice had up to date fire risk assessments although a fire drill had not been conducted for over 12 months. 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 infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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.

### 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, as well as panic alarms.
- All staff received annual basic life support training and there were emergency medicines available in the health care assistant's 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. There was a thorough system in place to monitor these medicines with a named member of staff responsible for checking stock levels weekly. However, this system had not been extended to include the GPs bags. We found one packet of aspirin that had expired in a GP bag. All other medicines were in date and fit for use. Before the inspection team left the premises the practice demonstrated how the systems for monitoring medicines already in place would be extended to include the GPs bags with immediate effect.
- 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 and external contractors and hard copies of the document were stored off site.

# 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.
- The practice monitored that these guidelines were followed through peer discussion and audits.

### 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 showed the practice achieved 98.8% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients with diabetes on the register with a record of foot examination and risk classification within the preceding 12 months was 92.36%, compared to the national average of 88.3%. The percentage of patients with diabetes on the register who had had influenza immunisation in the preceding 1 August to 31 March was 97.13% compared to the national average of 94.45%. The percentage of patients with diabetes on the register whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 90.19% compared to the national average of 80.53%.
- Performance for mental health related indicators was also above the national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 92.86%

compared to the national average of 88.47%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 90.41% compared to the national average of 89.55%.

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding nine months was 150/90mmHg or less was 84.14% compared to the national average of 83.65%.

Clinical audits demonstrated quality improvement.

- There had been nine clinical audits carried out in the last two years, two of these were completed audit cycles where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a recent re-audit of the practice's management of urinary tract infections demonstrated that courses of antibiotics that were of an appropriate length were prescribed in 80% of cases, compared to the 40% it had been previously, demonstrating the practice's commitment to deliver care in line with relevant guidelines. Similarly, the practice had conducted an audit of its management of gout, resulting in an increase in the proportion of patients receiving prophylactic treatment (drug therapy) from 39% to 58%.

### 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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered

# Are services effective?

## (for example, treatment is effective)

vaccinations 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. We saw thorough measures were in place to monitor and ensure referrals were followed up in secondary care appropriately.

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 regular basis and that care plans were routinely reviewed and updated. In addition to the palliative care register, the practice maintains a pre-palliative care register of patients

who have been diagnosed with terminal conditions but who are not yet nearing the end of life. A GP liaises with district and palliative care nurses on a weekly basis in order to coordinate the care for these patients.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 82.39%, which was higher than the national average of 81.83 %. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with a high uptake of these screens following invitation; 63.2% of patients aged 60-69 had attended for bowel cancer screening within six months of being invited, compared to the CCG average of 55.1% and national average of 55.4%. The percentage of female patients aged 50-70 who had been screened for breast cancer within the last 36 months was 83%, compared to the CCG average of 68.2% and national average of 72.2%.

Data collected by NHS England between 1/4/2014 and 31/3/2015 showed that childhood immunisation rates for the vaccinations given were generally higher than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from

# Are services effective?

(for example, treatment is effective)

60.8% to 92.5% and five year olds from 85.6% to 99.1%. However, the practice did provide more recent data from October 2015 which is yet to be independently verified. This data demonstrated a higher uptake (averages of 99.09% for vaccinations given to under two year olds and 95.83% for those given to five year olds).

Flu vaccination rates for the over 65s were 80.41%, and at risk groups 59.03%. These were also marginally higher than national averages.

Patients had access to appropriate health assessments and checks. These included NHS health checks for people aged 40–74 as well as checks for patients over 75 years of age. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the five 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 four members of the patient participation group and a further four patients who attended the practice on the day of inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients told us that they had confidence and trust in the clinical staff.

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

- 98.3% said the GP was good at listening to them compared to the CCG average of 88.3% and national average of 88.6%.
- 91.8% said the GP gave them enough time (CCG average 86.9%, national average 86.6%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 94.5%, national average 95.2%).
- 96.8% said the last GP they spoke to was good at treating them with care and concern (CCG average 85.7%, national average 85.1%).

- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92.2%, national average 90.4%).
- 92.8% said they found the receptionists at the practice helpful (CCG average 84.6%, national average 86.8%).

### Care planning and involvement in decisions about care and treatment

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

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

- 96.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.9% and national average of 86%.
- 92.7% said the last GP they saw was good at involving them in decisions about their care (CCG average 81.9%, national average 81.4%).
- 79.3% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85.9%, national average 84.8%).

Staff told us that translation services were available for patients who did not have English as a first language, although due to the low proportion of patients with English as an additional language, these services were infrequently used.

### 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 identified 65 patients (0.7% of the practice list) as carers. Written information was available both in the practice and on their website to direct carers to the various avenues of support available to them.

## Are services caring?

Staff told us that if families had suffered bereavement the practice would liaise closely with a local hospice to ensure families were offered appropriate support as needed.

# 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.

- The practice offered prebookable extended hours appointments on a Monday between 7 and 8am and Tuesday evening between 6:30 and 7:30pm for working patients who could not attend during normal opening hours.
- A telephone triage system was used to manage demand for same day emergency appointments.
- The practice offered online services such as booking appointments and ordering repeat prescriptions.
- There were longer appointments available for patients with a learning disability, those over the age of 75 or those patients with more complex needs.
- Where possible patients who suffer from a long term health condition have their medication review carried out at the same time as the regular review of their health needs to avoid the need for multiple appointments.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- All clinical staff saw patients in treatment / consultation rooms situated on the ground floor of the building.

### Access to the service

The practice was open at the main surgery between 8am and 6:30pm Monday to Friday, with appointments available between these times. Extended surgery hours were offered between 7am and 8am on each Monday morning and between 6:30pm and 7:30pm each Tuesday evening for pre-booked appointments. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for

people that needed them. On the day of inspection the next available prebookable routine appointment was in two days time, while urgent appointments remained available the same day.

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

- 83.4% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.5% and national average of 74.9%.
- 76.3% patients said they could get through easily to the surgery by phone (CCG average 71.1%, national average 73.3%).
- 55.2% of patients with a preferred GP said they usually got to see or speak to that GP (CCG average 59.4%, national average 60%).

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

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The complaints policy was available on the practice website and information on how to complain was displayed in the waiting area.

We looked at ten complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint arising due to a patient believing their onward referral was delayed, staff had been reminded to discuss in more detail the patient's responsibilities when using the 'chase and book' system for secondary care appointments.

# 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 throughout the building and all staff we spoke with understood and were able to articulate the values.
- The practice had a robust strategy which reflected the vision and values and was regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- A range of policies were implemented and were available to all staff either via the practice's intranet system or in hard copy. We noted some policies were due a review but these were identified in the practice's strategic planning documents as being scheduled to be carried out in the near future.
- A comprehensive understanding of the performance of the practice was maintained
- Clinical and internal audit was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

- Staff told us the practice held regular team meetings and we saw minutes of these meetings that confirmed this.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners and management staff in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which the practice primarily liaised with electronically in order to obtain their feedback about improvements to the service. For example, PPG members we spoke with told us the practice had included additional sections to patient information notice boards in the waiting area as a result of their feedback.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

# Are services well-led?

Good 

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

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

## **Continuous improvement**

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking, with many staff members working actively within the locality in order to improve services and outcomes for patients. For example the practice manager was involved in negotiations to maintain a health visitor presence at local GP practices.