

# East Park Medical Practice

## 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 East Park Medical Practice on Tuesday 2 February 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. There was an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned. The practice valued the importance of quality, improvement and learning and were actively involved in the training and education of GPs and community nurses.

- Patients with diabetes received intensive support to manage their condition from a nurse practitioner with extended training in the care and treatment of patients with diabetes.
- 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 named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the 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.

**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 had reviewed its system for reporting and recording significant events to ensure that staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Learning was based on a thorough analysis and investigation. 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, information, a verbal and 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 the risk of abuse. Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services. The practice had achieved 98.9% of the Quality and Outcomes Framework (QOF) points in 2014-15. It had performed higher than other practices in the locality and compared to the national average in several areas. Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence guidelines and other locally agreed guidelines. 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. For example, the management of patients with diabetes had significantly improved following the employment of a nurse practitioner with extended training in the care and treatment of patients with diabetes. 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 as comparable to or above average for several aspects of care. Patients were extremely pleased with the care they received and said they were treated with compassion, dignity and respect. Patients said that they were involved in decisions about their care

Good



# Summary of findings

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

## 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. The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice was involved in the development of a service that would be responsive to delivering primary care services at a patient's home. Patients had access to community services at the practice for example a healthy lifestyle trainer who provided advice on diet and exercise.

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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders. Urgent appointments were available the same day. 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 the 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 partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure

Good



# Summary of findings

appropriate action was taken. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice offered home visits and urgent appointments for those older patients with enhanced needs. All older patients identified as at risk of an unplanned admission to hospital had an agreed care plan in place. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice had a proactive working relationship with a local sheltered accommodation for older people. There was effective communication between the practice and care home staff and visits to the home was carried out weekly and when requested.

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 assessment and care was slightly higher than the national average (91.6% compared to the national average of 89.2%). Patients with diabetes received intensive support to manage their condition from a nurse practitioner with extended training in the care and treatment of patients with diabetes. Audits carried out on this group of patients showed significant improvements in their condition. Longer appointments and home visits were available when needed.

Patients with long-term conditions 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. There was evidence of joint working between the practice, health visitors and midwives. 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. Appointments were available outside

Good



# Summary of findings

of school hours and the premises were suitable for children and babies. We saw positive examples of joint working with midwives. The practice's uptake for the cervical screening programme was 80.2%, which was comparable to the national average of 81.83%.

## **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 appointment telephone line was open between 8am and 6.30pm and extended hours were offered one morning and one evening per week. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. Daily telephone appointments were available with the nurse practitioner. Lifestyle health and wellbeing clinics were held these included for example, nurse led weight management clinics and access to a health and wellbeing trainer.

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 with a learning disability. An annual health check was carried out by the same GP with the support of the local community learning disability team. An easy read (pictorial) letter was sent to patients with a learning disability inviting them to attend the practice for their annual health check.

Staff had been trained 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. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. The citizens advice bureau offered a weekly drop in clinic at the practice.

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). The data showed that 97.62% of patients on the practice register who experienced poor mental health had a comprehensive agreed care plan in the preceding 12 months. This was higher than the national

Good



# Summary of findings

average of 88.47%. Patients experiencing poor mental health were supported to access various support groups and voluntary organisations both at the practice and within the community. A designated GP ensured that all patients experiencing poor mental health received appropriate treatment from appropriately qualified staff. The community mental health team (Healthy Minds) provided an important link to the local mental health services. The team carried out clinics at the practice for patients registered at the practice and patients from other practices. The practice regularly worked with multi-disciplinary teams in the case management of people who experienced poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 90.32%, which was higher than the national average of 84.01%. Staff had a good understanding of how to support people with mental health needs and dementia.



# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages. A total of 376 surveys (7.9% of patient list) were sent out and 115 (31%) responses, which is equivalent to 2.4% of the patient list, were returned. Results indicated the practice performance was comparable to other practices in most aspects of care, which included for example:

- 88% found it easy to get through to this surgery by phone compared to the national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried (national average 85%).
- 88% described the overall experience of their GP surgery as fairly good or very good (CCG average 81%, national average 85%).
- 90% said they would recommend their GP surgery to someone new to the area (national average 78%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were mostly positive. Patients said they received a very good service from the practice, staff were polite, professional, helpful, knowledgeable and caring. Some comments cards highlighted concerns about appointments. These related to problems getting an appointment and the waiting time to see the GP or nurse at the appointment.

We also spoke with three patients on the day of our inspection and contacted a member of the patient participation group (PPG) by telephone after the inspection. PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. Their comments were in line with the comments made in the cards we received.

# East Park Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

## Background to East Park Medical Practice

East Park Medical Practice is located in one of the less deprived areas of Wolverhampton. There are approximately 4,763 patients registered at the practice. The practice has a higher proportion of patients below the age of four and up to 29 years and 40 to 45 years compared with the practice average across England. There is a higher practice value for income deprivation affecting children and older people in comparison to the practice average across England. The practice also has a higher percentage of patients with a long standing health condition than the practice average across England.

The practice staff team consists of three GP partners, (all male). The clinical practice team includes a nurse practitioner, practice nurse and two healthcare assistants (this includes one of the administration staff who has a combined role). Practice staff also include a business manager, practice manager and six administration/receptionists support staff. In total there are 17 staff employed either full or part time hours to meet the needs of patients. The practice is a training practice for GP registrars to gain experience and higher qualifications in general practice and family medicine.

The practice is open Monday to Friday. Opening times are 8am to 6.30pm Monday to Friday. Extended opening hours are available on Monday evening 6.30pm to 8pm and Friday 7am to 8am. GP appointments are from 8.30am to 11.20am, 2pm to 5.50pm and 6pm to 7.40pm on Mondays, 8.30am to 11.20am and 3.30pm to 5.50pm on Tuesday, Thursday and Friday and 8.30am to 10.50am and 3.30pm to 5.50pm on Wednesdays. A separate appointment schedule is available for appointments with the practice nurses. The practice does not provide an out-of-hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to the out of hours service Primecare, the NHS 111 service and the local Walk-in Centres. This information was available on the practice answerphone, patient leaflet and practice website.

The practice has a contract to provide General Medical Services (GMS) for patients. This is a contract for the practice to deliver primary medical services to the local community. They provide Directed Enhanced Services, such as the childhood vaccination and immunisation scheme and minor surgery. The practice provides a number of clinics for example long-term condition management including asthma, diabetes and high blood pressure.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 2 February 2016.

During our visit we:

- Spoke with a range of staff including GPs, practice nurses, 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 open and transparent approach to learning and a system was in place for reporting and recording significant events. Staff told us they would inform the partners and/or practice manager of any incidents to ensure appropriate action was taken. The practice carried out a thorough analysis of the significant events. We found that significant event records were maintained and systems put in place that prevented further occurrence.

We reviewed safety records, incident reports where these were reported and discussed. We examined action plans which provided details of the analysis of events. The plans also demonstrated an emphasis on staff accountability, learning and ensured that a review of significant events was carried out at practice meetings and at staff training sessions. The practice had recorded 19 significant events, both clinical and operational which had occurred over the past six months. We examined 12 of the significant events. One of the events identified that a patient's specimen sample was sent for testing without the patient's details written on the label. An investigation established that the incident was caused by clinical staff. The patient had not come to any harm, an apology was given and the specimen sample repeated. A new process was implemented to clearly define the actions to be taken by all staff to minimise the risk of reoccurrence.

We found that when there were unintended or unexpected safety incidents, patients received reasonable support, relevant information, a verbal and written apology and were told about any actions taken 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 the risk of abuse. There were policies in place for safeguarding children and vulnerable adults. Contact details for local safeguarding teams were displayed at the practice. The policies and contact details were easily accessible by staff. Staff demonstrated they understood their responsibility to protect patients from the risk of

harm. All staff had received appropriate safeguarding training. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies.

Notices in the waiting room and consulting rooms 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 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 had plans in place to repeat DBS checks for clinical staff every three years.

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse practitioner was the infection control clinical lead and 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 and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local prescribing advisor to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Appropriate actions were taken to review patients' medicines where necessary.

Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for the production of Patient Specific Directions (PSDs) to enable health care assistants to administer vaccinations after the completion of specific training and when a doctor or nurse were on the premises. Robust systems were in place to ensure that PGDs and PSDs were signed and up to date. The practice had appropriate systems in place to ensure the safe storage and security of both hand written and computerised prescription pads.

## Are services safe?

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 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 infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

There were emergency processes in place for identifying acutely ill children and young people and staff gave us examples of referrals made. Staff we spoke with told us that children were always provided with an on the day

appointment if required. Patients with a change in their condition were reviewed appropriately. Patients with an emergency or sudden deterioration in their condition were referred to a duty GP for quick assessment.

### Arrangements to deal with emergencies and major incidents

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

All staff received annual basic life support training and there were emergency medicines available in the treatment room. Robust systems were in place to ensure emergency equipment and medicines were regularly checked. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a resuscitation trolley, first aid kit and accident book 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.

The practice had a business continuity plan in place for major incidents such as power failure or loss of access to medical records. The plan included emergency contact numbers for staff and mitigating actions to reduce and manage the identified risks. There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed patients' 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 GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and systems were in place to keep all clinical staff up to date. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and reviewed their performance against the national screening programmes to monitor outcomes for patients. The practice achieved 98.9% of the total points available for 2014-2015 which was above the practice average across England of 94.2%. Clinical 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. Further practice QOF data from 2014-2015 showed:

- Performance for diabetes assessment and care was comparable to the national average (91.6% compared to the national average of 89.2%).
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the national average (81.19% compared to the national average of 83.65%).
- Performance for mental health assessment and care was higher than the national average (97.62% compared to the national average of 88.47%).
- The dementia diagnosis rate was higher than the national average (90.32% compared to the national average of 84.01%).

The practice was performing well when compared to the local average across England. The practice had no indicators that required further enquiry. Practice staff told us that regular meetings were held to monitor performance, however these meetings were not minuted to demonstrate areas for improvement and any action taken where required.

Clinical audits were carried out to facilitate quality improvement and all relevant staff were involved in the practice aim to improve care and treatment and patient outcomes. We saw nine clinical audits had been carried out over the last 12 months. Five of the audits had a second cycle completed to review whether improvements had been made. One of the audits examined the management of 20 patients with type 2 diabetes who had a poor history of control despite the involvement of secondary care. Patients included in the audit received intensified management of their treatment. This included lifestyle modification, medication reviews and frequent reviews with the nurse practitioner. Prior to the intervention all of these patients had a higher than recommended average amount of glucose (sugar) present in the blood. Post intervention this had fallen by an average of 2.7% per patient and the test results for five of these patients were below the NICE recommended threshold. The practice planned to review the audit in August 2016 to include a wider number of patients.

### Effective staffing

The staff at the practice were experienced and demonstrated that they had the skills and knowledge to deliver effective care and treatment. All staff had annual appraisals that identified their learning needs from which personal development plans were identified. All staff had had an appraisal within the last 12 months. Our interviews with staff confirmed that the practice provided training opportunities. Staff had also received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of training opportunities with their peer groups, in-house and external training. Records available showed that monthly planned training sessions were started for all staff in September 2015. The practice was a training practice for GP registrars to gain experience and higher qualifications in general practice and family medicine.

The practice could demonstrate how they ensured clinical staff attended role-specific training and updating for

# Are services effective?

## (for example, treatment is effective)

relevant staff. The GPs special interests included cardiology, mental health and research. The practice employed a nurse practitioner who was an independent prescriber, they had extended training in the care and treatment of patients with diabetes. The nurse practitioner and practice nurse received training and attended regular updates for the care of patients with long-term conditions. The healthcare assistants administered flu vaccines under patient specific directions. One of the health care assistants was supported and trained to assist at minor surgical procedures. Both healthcare assistants were encouraged to undertake accredited health and social care courses. The practice was discussing with the nurse practitioner and practice nurse the support needed for revalidation (A process to be introduced in April 2016 requiring nurses and midwives to demonstrate that they practise safely).

### Coordinating patient care and information sharing

The practice had an established system for recording and sharing the information needed to deliver care and treatment. Staff were aware of their responsibilities for ensuring that information was shared promptly and appropriately and they followed up any information when required.

Tasks could be electronically allocated from one individual to another. Communication letters and test results from hospitals, out-of-hours and other services were followed up on the day they were received by the allocated duty doctor. We saw the practice was up to date on the management of communications and test results.

The practice interacted on a regular basis with other professionals to help coordinate patients care and treatment. Staff organised and attended monthly multi-disciplinary team meetings to discuss patients approaching the end of their life with other professionals that were also involved in their care. This included palliative care nurses and community nurses. The care needs of patients who were approaching the end of their life were reviewed with other professionals at monthly palliative care meetings.

### Consent to care and treatment

We found that 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and where appropriate, recorded the outcome of the assessment. We saw that patients' consent had been recorded clearly using nationally recognised standards. For example, when consenting to minor surgery procedures, certain tests and treatments such as vaccinations and in do not attempt cardio-pulmonary resuscitation (DNACPR) records.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. This included patients with conditions that may progress and worsen without the additional support to monitor and maintain their wellbeing. 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 and smoking. Patients were then signposted to the relevant service for example, smoking cessation clinics and dietary advice was available with the support of the community lifestyle team. We saw that information was displayed in the waiting area and also made available and accessible to patients on the practice website. Patients had access to appropriate health assessments and checks.

The practice offered a full range of immunisations for children, travel vaccines and influenza vaccinations in line with current national guidance. Data collected by NHS England for 2014 -2015 showed that the performance for all childhood immunisations was comparable to the local CCG average. For example, childhood immunisation rates for the vaccination of children under two years of age ranged from 71% to 95.2%, children aged two to five 76.3% to 96.1% and five year olds from 86.5% to 91.9%.

We saw that the uptake for cervical screening for women between the ages of 25 and 64 years for the 2014-2015 QOF year was 80.2% which was comparable to the national average of 81.83%. The practice was proactive in following these patients up by telephone and sent reminder letters. Public Health England national data showed that the practice was comparable with local and national averages for screening for cancers such as bowel and breast cancer.

# 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. We saw that reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and patients were offered a private area where they could not be overheard to discuss their needs.

Patients completed Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 20 completed cards. The cards contained mostly positive comments about the practice and staff. Patients commented that the service was excellent, they were treated with respect and dignity and that GPs and staff were knowledgeable and caring. We also spoke with three patients on the day of our inspection. Their comments were in line with the comments made in the cards we received.

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

- 87% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 83% and national average of 89%.
- 85% said the GP gave them enough time (CCG average 83%, national average 89%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 89% said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).
- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 91%).

- 96% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback 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 higher than the local and national averages. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%).
- 91% said the last nurse they saw was good at involving them in decisions about their care (CCG average 83%, national average 85%).

### 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. There were 159 carers on the practice carers register. This represented 3.34% of the practice population. The practice's computer system alerted GPs if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them. Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups, flexibility, choice and continuity of care. For example:

- A drop-in baby clinic was held alongside health visitor clinics carried out at the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were longer appointments available for patients with a learning disability, older people and patients with long-term conditions.
- Patients with diabetes received intensive support to manage their condition from a nurse practitioner with extended training in the care and treatment of patients with diabetes.
- Home visits were available for older patients and patients who would benefit from these, which included patients with long term conditions or receiving end of life care.
- Telephone consultations were available every day and this included daily telephone consultation appointments with the nurse practitioner.
- Telephone and face to face access to a language translation service was available to support meeting the needs of patients whose first language was not English.
- Extended opening hours were available one morning and one evening per week to people who worked.

### Access to the service

The practice was open Monday to Friday. Opening times were 8am to 6.30pm Monday to Friday and extended opening hours were available on Monday evening 6.30pm to 8pm and Friday 7am to 8am. GP appointments were from 8.30am to 11.20am, 2pm to 5.50pm and 6pm to 7.40pm on Mondays, 8.30am to 11.20am and 3.30pm to 5.50pm on Tuesday, Thursday and Friday and 8.30am to 10.50am and 3.30pm to 5.50pm on Wednesdays. A separate appointment schedule was available for appointments with the practice nurses. The practice did not provide an out-of-hours service to its patients but had alternative

arrangements for patients to be seen when the practice was closed. Patients were directed to the out of hours service Primecare, the NHS 111 service and the local Walk-in Centres. This information was available on the practice answerphone, patient leaflet and practice website.

Results from the national GP patient survey published in July 2015 showed that patient's satisfaction with how they could access care and treatment was slightly higher than the local and national averages.

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 88% patients said they could get through easily to the surgery by phone (CCG average 70%, national average 73%).
- 71% patients said they always or almost always see or speak to the GP they prefer (CCG average 82%, national average 85%).

Patients told us on the day of the inspection that 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 including a summary leaflet available in the reception area. Patients we spoke with were aware of the process to follow if they wished to make a complaint. Records we examined showed that the practice responded formally to both verbal and written complaints.

We saw records for two complaints received over the past year and found that all had been responded to, satisfactorily handled and dealt with in a timely way. The content of both complaints showed that they could also have been treated as significant events. Both identified issues of concern related to the care and treatment of patients. Lessons were learnt from concerns and complaints and action was taken to improve the quality of care.

# 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. Staff and patients felt that they were involved in the future plans for the practice, for example the practice had made patients and the patient participation group (PPG) aware of its plans to build a new practice. PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. The vision and values were displayed on the practice website. Staff we spoke with knew the essence of these values and displayed them in performing their duties.

### Governance arrangements

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

- Systems were supported by a strong management structure and clear leadership.
- Risk management systems, protocols had been developed and implemented to support continued improvements.
- A programme of clinical and internal audit had been implemented and was used to monitor quality and to make improvements.
- The GPs, nurses and other staff were all supported to address their professional development needs.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Health and safety risk assessments had been conducted to limit risks from premises and environmental factors.
- 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.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality 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. There was a clear leadership structure in place and staff felt supported by the management. Staff we spoke with were positive about working at the practice. They told us they felt comfortable enough to raise any concerns when required and were confident these would be dealt with appropriately. Staff described the culture at the practice as open, transparent and very much a team approach. This culture was encouraged and supported by team away events.

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, relevant information and a verbal and written apology.

Regular practice, clinical and team meetings involving all staff were held. 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. There was a practice whistle blowing policy available to all staff to access on the practice's computer system. Whistle blowing occurs when an internal member of staff reveals concerns to the organisation or the public, and their employment rights are protected. Having a policy meant that staff were aware of how to do this, and how they would be protected.

### 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 monitored the results of the friends and family test monthly and responded to any comments received. The practice gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly and submitted proposals for improvements to the practice management team. The practice completed patient surveys twice a year to determine patients' opinions on the service they received. The outcome was analysed, and an action plan to show what action if any was planned to be taken in response to

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patient feedback were available. Feedback from patients and the PPG included improving access to appointments and providing longer appointments for nurses to review the needs of patients with long term conditions.

The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

The practice had carried out an audit of all significant events reported in 2014 and reviewed their procedures to ensure that a robust system was in place. Action taken included developing a significant events reporting template that supported detailed analysis, ensured learning and reviewed changes in practice.

The practice was a GP training practice. The practice was registered to take part in medical research projects and had

plans to increase its research links. To improve the management of patients with diabetes the practice had reviewed the skill mix of staff and employed a nurse practitioner with a special interest in the care and treatment of patients with diabetes. The GP partners had a clear strategic vision to ensure continuous improvement at the practice and plans for this included:

- A new practice to be built which would ensure that appropriate health care resources were available to patients at the primary place of care. For example there would be onsite access to other health and social care professionals.
- Involvement in new models of primary care. The practice had been successful in being shortlisted and accepted to pilot a model of care, called 'Primary Care Home Model'. This model of care would involve breaking down the boundaries between primary care and community health and social services to provide a multidisciplinary team approach aimed at improving care for patients in their communities.