

Parkstone Health Centre

Quality Report

Mansfield Road
Parkstone
Poole
Dorset
BH14 0DJ

Tel: 01202 741370

Website: www.parkstonehealthcentre.co.uk

Date of inspection visit: 16/09/2015

Date of publication: 24/12/2015

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	11
Background to Parkstone Health Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	23

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Parkstone Health Centre on 16 September 2015. 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.
- 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.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

- Risks to patients were assessed and managed, with the exception of those relating to medicines management and staff recruitment.
- There was a clear leadership structure and staff felt supported by management.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- Improvements to the quality of services identified from patient surveys and quality outcome tools had not been acted upon.

However there were areas of the practice where the provider needs to make improvements.

Importantly the provider must:

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure prescriptions are logged and tracked throughout the practice.
- Ensure vaccines are stored in a safe and secure way.

Summary of findings

- Ensure patient group directions are authorised appropriately.

In addition the provider should:

- Take action to address concerns about poor patient satisfaction.
- Ensure that governance arrangements are robust and include an assessment of risks and patient outcomes

Review the data and take action to address the higher than national and CCG average for the QOF exception percentage.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

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

and lessons were shared to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and had been 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 people safe and safeguarded from abuse.

However not all systems and processes were implemented well enough to ensure patients were kept safe. Areas of concern found included some aspects of medicines management and staff recruitment.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

Data showed patient outcomes were at or above average for the locality.

Staff assessed patient 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 patient's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

Data showed that 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. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

It 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 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Data from the National GP patient survey showed poor patient satisfaction with a number of areas of the practice. There was no evidence that these had been, or were being, addressed at the time of our inspection.

Good



Are services well-led?

The practice is rated as good for providing well-led services.

It 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.

All staff had received inductions but not all staff had received performance reviews and attended staff meetings and 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

The practice had a number of policies and procedures to govern activity and held regular governance meetings. Whilst the GP partners and practice manager took an active role in monitoring and improving patient outcome data through risk assessments and

Good



Summary of findings

clinical audits, risks to patients were not appropriately identified or managed. For example, the practice had procedures for staff recruitment and medicines management but neither were being followed safely.

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.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was in line with clinical commissioning group and national averages.
- All patients over 75 were informed of their named GP and consented to that GP offering them continuation of care.
- A 20 minute annual health check was offered by Parkstone Health Centre and carried out either at the practice or in the patient's home.

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.
- Longer appointments and home visits were available when needed.
- Patients who had been identified as having a long term condition had a named GP and a structured annual review to check that their health and medicines needs were being met. Reviews of patients with more than one chronic condition were carried out at a single appointment, which reduced unnecessary appointments and followed latest guidelines.
- 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.
- A number of specialist meetings took place with individual named GPs for defined long term conditions, for example palliative care and asthma.

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 on children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances.
- Immunisation rates were above the national average for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- Health promotion advice was offered and there was health promotion material available through the practice.
- Health Visitors were based in the practice which supported communication both on a face to face level and at multi-disciplinary meetings.

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 that it was accessible, flexible and offered continuity of care to this group.
- The practice offered extended hours with GPs and nurse appointments available on Wednesday evenings and Thursday mornings to enable patients to attend either before or after work.
- 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.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Every year patients who had a learning disability were invited to a review of their care and treatment. The practice also offered longer appointments for this population group.
- Patients who were identified as vulnerable had their records highlighted so that staff were aware of their needs and attention.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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 practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who attended accident and emergency where they may have been experiencing poor mental health.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia and 84.6% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

National GP patient survey results showed the practice's performance levels were mixed when compared to local and national averages for patient satisfaction. Of the 278 survey forms distributed to patients, between July and September 2014 and January to March 2015, 116 forms were returned completed. This was a response rate of 42% which represented approximately 1.13% of the practice population. There were some areas where the practice performed above the clinical commissioning group (CCG) and national average:

- 86% found it easy to get through to this practice by phone compared with a CCG average of 85.3% and a national average of 74.4%.
- 89% find the receptionists at the practice helpful compared with a CCG average of 89.8% and a national average of 86.9%.
- 94.2% said the last appointment they got was convenient compared with a CCG average of 94.2% and a national average of 91.8%.
- 71.2% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 68.3% and a national average of 65.2%.

However, in some areas the practice performed below the clinical commissioning group (CCG) and national average:

- 58.9% were able to get an appointment to see or speak to a GP or nurse the last time they tried compared with a CCG average of 89.7% and a national average of 85.4%.
- 76.9% described their experience of making an appointment as good compared with a CCG average of 94.2% and a national average of 91.8%.

On the day of our inspection, we spoke with 16 patients and a member of the virtual patient participation group (PPG). A PPG is made up of a group of volunteer patients and practice staff who respond to surveys and suggest how improvements can be made. For example, the practice changed the layout of reception to increase patient confidentiality.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards of which all were positive about the standard of care received. Comments included reference to the practice being caring, staff being friendly, GPs and nursing staff being knowledgeable and reception staff being polite.

Areas for improvement

Action the service **MUST** take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure prescriptions are logged and tracked throughout the practice.
- Ensure vaccines are stored in a safe and secure way.
- Ensure patient group directions are authorised appropriately.

Action the service **SHOULD** take to improve

- Take action to address concerns about poor patient satisfaction.
- Ensure that governance arrangements are robust and include an assessment of risks and patient outcomes.
- Review the data and take action to address the higher than national and CCG average for the QOF exception percentage.

Parkstone Health Centre

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 practice manager specialist advisor, a second CQC inspector and expert by experience. Experts by experience are members of the team who have received care and experienced treatment from similar services.

Background to Parkstone Health Centre

Parkstone Health Centre is a training practice situated in Poole, Dorset. The practice has been at its present location since 1973. It is based on the first floor of a building it shares with Dorset Healthcare (an NHS community health service) and a pharmacy.

The practice is part of a GP federation formed in November 2014 and comprising of eight local GP practices that collaborate in the development of local primary care services.

The practice has an NHS personal medical services contract to provide health services to approximately 10,250 patients.

Parkstone Health Centre is located in the south of Poole. The mix of patient's gender (male/female) is almost half and half. The practice has a higher number of patients aged between 25 and 34 years old and female patients over 80 years old when compared to the England average.

The practice is open from 8am to 6.30pm from Monday to Friday. Appointments are available during these times. Additional appointments are available on Wednesday evening between 6.30pm and 8pm and Thursday morning between 7.30am and 8am.

The practice has opted out of providing out-of-hours services to their own patients and refers them to South Western Ambulance Trust via the NHS 111 service.

Approximately 17% of patients are aged over 65 years old.

Staff working at the practice includes four GP partners, two salaried GPs and two GP registrars (doctors training to be GPs) who together work an equivalent of 6.2 full time staff. In total there are four male and four female GPs.

The practice employs a nurse prescriber, three practice nurses and a health care assistant. The GPs and the nursing staff are supported by a team of 12 administration staff who carry out administration, reception, document scanning and secretarial duties. The practice also has a reception manager and a practice manager.

We carried out our inspection at the practice's only location.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

Detailed findings

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 that we hold about the practice and asked other organisations, including NHS England and the local Clinical Commissioning Group to share what they knew. We carried out an announced visit on 16 September 2015.

During our visit we:

- Spoke with a range of staff which included GPs, nursing and other clinical staff, receptionists, administrators, secretaries and the practice management team and spoke with patients who used the service.
- Observed how people 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 are provided for specific groups of people and what good care looks 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 (QOF) 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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of 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, a patient with eczema was prescribed a clobetasol cream instead of the similarly sounding clobetasone steroid cream. These steroid creams are

significantly different in the context that clobetasol is classed as a very potent corticosteroid. The error was picked up by a local pharmacy before the prescription was dispensed. This event was shared at a partnership meeting and GPs now prescribe these topical steroid creams by brand name to mitigate the risk of this error occurring again.

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

Overview of safety systems and processes

The practice mostly had clearly defined and embedded systems, processes and practices in place to keep people 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 lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports

where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring 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 practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We examined the arrangements for managing medicines, including emergency medicines and vaccines. Procedures seen included obtaining, prescribing, recording, handling, storing and security. Regular medicine audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Patients' repeat prescriptions were generated by dedicated prescription clerks and reviewed and signed by a GP before they were given to the patient. Extra checks were made to prescriptions for high risk medicines. For example, patients who required regular blood tests had their most recent blood test results attached to the prescription before being handed to the GP to check and sign.
- Blank prescriptions forms received at the practice were logged by serial number but following this there was no record kept of distribution of prescription forms within the practice. This indicated that blank prescription forms were not handled in accordance with national guidance as these could not be tracked through the practice and their usage identified when required.
- The practice was unable to provide evidence to confirm that refrigerators used to store medicines and vaccines were serviced or their temperature systems calibrated to

Are services safe?

confirm they were operating effectively and within the required temperature range. The keys to the refrigerators were not kept securely which meant that medicines and vaccines were accessible to unauthorised people. Medicines administered by the nurses at the practice were given under a patient group direction (PGD) which is a directive agreed by GPs that allows nurses to supply and/or administer prescription-only medicines. We examined 19 PGDs, 14 of these had not been signed by a GP at the practice. Legal requirements state that a PGD must be signed by an authorised person, such as a GP, at the practice.

- We reviewed six staff personnel files for staff that were recruited since the practice registered with the Care Quality Commission in April 2013. We found that appropriate recruitment checks had been undertaken prior to employment for three staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The recruitment checks missing for the other three staff included the lack of proof of identification, evidence that gaps in employment history had been investigated, references and evidence of qualifications for a clinical member of staff. By not carrying out the required checks the provider could not assure themselves that people working for the practice were of good character and were who they claimed to be.

Monitoring risks to patients

Most risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. 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

also 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.

- 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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- There was a first aid kit and accident book available.
- The practice had two defibrillators available on the premises and oxygen with both adult and children's masks. We examined the emergency equipment and found two manual breathing kits to be out of date. These were immediately replaced by a nurse. Staff confirmed that the emergency medicines, equipment and oxygen had not been monitored and implemented a monitoring system to rectify this during our inspection.
- Emergency medicines were in date and fit for use, easily accessible to staff who all knew their location. These medicines were stored in a cupboard which was locked at the time of our visit but the key to the cupboard was not kept securely. This was corrected at the time of our inspection and medicines secured appropriately.
- 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. The plan required updating to record newly appointed staff emergency contact details.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed patient 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 risk assessments, 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 were 99.7% of the total number of points available, with 14.2% clinical exception reporting which was 3.1% higher than the CCG and 6.2% higher than the England percentage. Exception reporting is the number of exceptions expressed as a percentage of the number of patients on a disease register who qualified to be part of the indicator denominator. For example, patients who do not attend for a review or where a medicine cannot be prescribed due to a contradiction or side effect.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed;

- Performance for diabetes related indicators was better (99.7%) than both the CCG (95.6%) and national averages (90.1%).
- Performance for hypertension related indicators was better (100%) than both the CCG (92.4%) and national averages (88.4%).
- Performance for mental health related indicators was better (100%) than both the CCG (95.9%) and national averages (90.4%).
- Performance for cancer related indicators was better (100%) than both the CCG (99.5%) and national averages (97.2%).

Clinical audits demonstrated quality improvement:

- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- There had been nine clinical audits completed in the last two years, five of these were completed audits where the improvements made had been implemented and monitored.

For example, recent action taken as a result of an audit included identifying the HIV status of patients and recording the medicines they were prescribed by another service. This allowed the practice to follow up on both the patients who had refused treatment and ensuring safety when co-prescribing to patients who were on HIV treatment medicines as interactions occur which may be dangerous.

Effective staffing

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

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccines and taking samples for the cervical screening programme.
- 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 these 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 the revalidation of GPs. All staff had received 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.

Are services effective?

(for example, treatment is effective)

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 people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patient's 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 are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Most 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients nearing the end 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.
- Chiropody and physiotherapy services were available on the premises and smoking cessation advice was offered by all the GPs at the practice.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 84.5%, which was better than the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were above CCG averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 95.5% to 97.7% and five year olds from 82.8% to 99.2%. Flu vaccination rates for the over 65s were 69.8%, and at risk groups 46.15%. These were comparable to national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that 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 and that 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 four patient CQC 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 also spoke with 16 patients and a member of the virtual patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Feedback from the practice's patient friends and family test, carried out in 2015 showed that 92.1% of patients said they would recommend the practice to family and friends.

Results from the National GP patient survey showed feedback was mixed when patients were asked if they felt they were treated with compassion, dignity and respect when in consultations with GPs and nurses. Of the 278 survey forms distributed 116 were returned. This represented 1.1% of the practice patient population.

Results that were better than local and national satisfaction included:

- 95.9% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92.3% and national average of 90.4%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89.8% and national average of 86.9%.

- 100% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 97.8% and national average of 97.2%.

Less than favourable feedback showed:

- 83% said the GP was good at listening to them compared to the CCG average of 91.9% and national average of 88.6%.
- 82.9% said the GP gave them enough time compared to the CCG average of 88.9% and national average of 86.8%.
- 87% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.9% and national average of 95.3%.
- 78.7% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89.2% and national average of 85.1%.

Care planning and involvement in decisions about care and treatment

Patients told us that 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 that were comparable to local and national satisfaction included:

- 91% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91.7% and national average of 89.7%.
- 98.3% said the nurse was good at listening to them compared to the CCG average of 93% and national average of 91%.

However, results from the national GP patient survey showed patients views did not always align with these.

For example:

- 76% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89.1% and national average of 86.3%.

Staff told us that translation services were available for patients who did not have English as a first language.

Are services caring?

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 1.6% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. Staff told us that when the practice received information which their carers may find useful they would either email or post this to the carers on the register.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was followed by contact from a practice nurse who had received bereavement training. They supported the spouse/partner for as long as needed once the extended family had left. Support included giving them advice on how to find support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice worked within the locality to avoid patient hospital admission. For example, we were told that a significant number of the practice's accident and emergency (A&E) attendees were patients over the age of 65. Many of these were patients with co-morbidities and increased risk of admission. During multi-disciplinary (MDT) meetings, GPs looked closely at the route of admission (via GP surgery or via Out of Hours or self-referral or 999 Ambulance) to assess the reason for the attendance and whether it was necessary. For those patients who were at high risk of recurrent attendance, the practice specialist nurse and patient wrote an MDT care plan. An MDT care plan enables the specialist nurse to join up different services around a patient's individual needs.

- A number of specialist meetings took place with individual named doctors for defined long term conditions, e.g. palliative care, COPD, asthma. In addition to that patients with long term conditions where there are areas of concern were discussed at multidisciplinary team (MDT) meetings.
- Health Visitors were based in the practice which improved communication both on a face to face level at MDT meetings and also by simple electronic messaging attached to the audit trail within the patient's notes.
- The practice offered a 'Commuter's Clinic' on a Wednesday evening until 8pm and Thursday morning from 7.30am for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- All patients over 75 were offered a 20 minutes Health check either at the practice or in their home.
- There were disabled facilities, hearing loop and translation services available.

- The practice had a lift to improve access to the first floor (where the practice was based).
- Appointments for children were available outside of school hours and the premises were suitable for children and babies.
- Staff were trained in how to recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- People with significant mental health issues were monitored using recall systems within the practice's clinical system to make sure that patients are followed up in a timely way.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available during these times. Extended hours surgeries were offered between 6.30pm and 8pm on Wednesday evenings and 7.30am and 8.30am on Thursday mornings. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed the levels of patient's satisfaction with how they could access care and treatment was comparable local and national averages. People told us on the day that they were able to get appointments when they needed them. Other examples which aligned with these included:

- 71.2% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68.3% and national average of 65.2%.
- 86% of patients said they could get through easily to the practice by phone compared to the CCG average of 85.3% and national average of 74.4%.
- 68.3% of patients were satisfied with the practice's opening hours compared to the CCG average of 78.8% and national average of 75.7%.
- 76.9% of patients described their experience of making an appointment as good compared to the CCG average of 82.3% and national average of 73.8%.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information to help patients understand the complaints system was available in the practice waiting room, patient booklet and on the practice website. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at 12 complaints received in the previous nine months and found that all of these had been dealt with appropriately, investigated and the complainant

responded to in a timely manner. Complaints included verbal complaints. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care and was shared with staff at weekly meetings.

For example, a patient requested a follow up appointment and was given a different GP to the one they originally saw. This second GP was unaware of the patient's situation which upset the patient who was a vulnerable adult. As a result GPs and staff were to make all notes on the patient electronic record clear and updated to ensure all clinicians have access to all the information.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the practice vision which mostly provided good quality care. The structures and procedures in place showed that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a programme of continuous clinical audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing most risks and issues which included implementing mitigating actions.
- Whilst the GP partners and practice manager took an active role in monitoring and improving patient outcome data through risk assessments and clinical audits some risks to patients were not appropriately identified or managed. For example, the practice had procedures for staff recruitment and medicines management but neither were being followed safely. We found that the practice did not have systems in place to monitor patient satisfaction obtained from external sources such as the National GP Patient Survey that resulted in action plans to show a commitment to improvement.

Leadership, openness and transparency

The partners were visible in the practice and staff told us that 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 patients reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

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

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

The practice gathered feedback from patients through the friends and family test, the virtual patient participation group (PPG) and through, compliments and complaints received.

- The practice had also gathered feedback from staff through fortnightly staff meetings.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Staff told us they felt involved and engaged to improve how the practice was run.
- It had gathered feedback from patients through the virtual patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient

Are services well-led?

Good 

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

surveys and submitted proposals for improvements to the practice management team. For example, during peak call times (between 8am and 9am) the whole reception team answered incoming calls.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Medicines management</p> <p>We found that the registered person did not have effective systems in place to monitor medicines. This was in breach of regulation 12 (2) (b), (e) and (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <ul style="list-style-type: none">• Blank prescription forms were not tracked through the practice.• Vaccines were not stored securely.• Medicines/vaccine fridge temperature gauges were not calibrated to ensure they worked effectively.• Patient group directions had not been adopted for use by an authorised person.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Fit and proper persons employed</p> <p>We found that the registered person had not ensured that persons employed for the purposes of carrying on a regulated activity were of good character and that information specified in Schedule 3 was available in relation to each such person employed and such other information as appropriate. This was in breach of regulation 19 (1) and (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <ul style="list-style-type: none">• Checks missing included conduct in previous employment, eligibility to work in the UK, employment history and photographic identification.