

Park Lane Practice

Quality Report

7-9 Park Lane

Swindon

Wiltshire

SN1 5HG

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Website: www.parklanepractice.com

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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

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



Summary of findings

Contents

Summary of this inspection

Letter from the Chief Inspector of General Practice	Page 2
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Park Lane Practice	5
Detailed findings	7
Action we have told the provider to take	21

Letter from the Chief Inspector of General Practice

When we visited Park Lane Practice on 13 January 2016 to carry out a comprehensive inspection, we found the practice was not compliant with the regulation relating to good governance. Overall the practice was rated as requires improvement. They were rated as requires improvement for providing safe, effective, caring, responsive and well-led services.

On 4 April 2017 we carried out a second comprehensive inspection and found significant areas of concern and breaches of regulations. Overall Park Lane Practice was rated as inadequate and put in special measures. They were rated as requires improvement for providing safe, effective and caring services, and inadequate for providing responsive and well-led services. We issued a warning notice which covered the regulatory breaches we found relating to good governance, which the practice was required to correct.

The full reports on the January 2016 and April 2017 inspections can be found by selecting the 'all reports' link for Park Lane Practice on our website at www.cqc.org.uk.

This report covers the announced follow up comprehensive inspection we carried out at Park Lane Practice on 6 February 2018 to review the actions taken by the practice to improve the quality of care and to confirm that the practice was meeting legal requirements.

This practice is now rated as Requires Improvements overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires improvement

Are services caring? – Requires improvement

Are services responsive? – Requires improvement

Are services well-led? - Inadequate

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those retired and students) – Requires improvement

People whose circumstances may make them vulnerable – Requires improvement

People experiencing poor mental health (including people with dementia) - Requires improvement

Summary of findings

At this inspection we found the practice had reviewed and revised many areas of the practice, particularly in relation to management and governance. However, there were still areas which needed to be addressed and some regulations which were not being met. For example:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice system for conducting cervical screening tests was not in line with guidance. These issues had not been identified by management and governance processes.
- Although most patients felt positive about the service they received, the practice was below average for most of its satisfaction scores on consultations with GPs and nurses when compared to local and national averages. We also noted that many of these scores had fallen since the previous survey which we reported on in our previous inspection report.
- Patients found it difficult to use the appointment system.

- The practice had no clear plan to address feedback from patients or how they would use it to improve services.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

This service was placed in special measures in June 2017. Sufficient improvements have been made such that the practice is now rated as requires improvement overall. However, the service remains rated as inadequate for the provision of well-led services. The service will remain in Special Measures, be kept under review and if needed could be escalated to urgent enforcement action. Another comprehensive inspection will be conducted within six months to check the practice continues to improve.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

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

Park Lane Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager adviser.

Background to Park Lane Practice

Park Lane Practice is a GP practice owned and run by Dr Humaira Ramzan. It is located in Swindon. It is one of the practices within the NHS Swindon Clinical Commissioning Group (CCG) and has approximately 6,600 patients. There are five consulting rooms, two treatment rooms, a waiting area, and a toilet with access for people with disabilities. There was a self-check in appointment system and a blood pressure measure machine in the waiting area for patients to use. The practice did not have a dedicated baby changing area, but signage said a room would be made available if required. All patient services were located on the ground floor except for one treatment room where minor surgery was carried out. We were told that when conducting minor surgery on patients who might have difficulty with stairs, the downstairs treatment room was used instead.

The area the practice serves has an estimated 13% of people from different cultural backgrounds and is in the medium range for deprivation nationally. The practice has a slightly higher than average patient population aged between 25 and 50 years old. Average male and female life expectancy for the area is 78 and 82 years, which is in line with the national average of 79 and 83 years respectively.

The practice provides a number of services and clinics for its patients, including childhood immunisations, family planning, minor surgery and a range of health lifestyle management and advice services including diabetes management and smoking cessation.

There is one principal GP, two salaried GPs and a long term locum GP. One GP is male and three are female. Collectively they work the equivalent of 2.15 whole time equivalent hours. At the time of our inspection they were supported by another locum GP working up to seven sessions per week while they recruited another GP. The GPs are supported by two nurse practitioners, a long term locum practice nurse, one health care assistant and an administrative team of eight led by the practice manager.

The practice is open between 8.30am and 1pm in the morning and 2pm to 6pm Monday to Friday, except Wednesday afternoon when the practice closes, except for emergency appointments. GP appointments are available between 8.30am and 12 noon every morning and 2pm to 5.30pm every weekday except Wednesday. An extended hours service is offered on Monday, Tuesday, Thursday and Friday consisting of pre-booked telephone and face to face consultations between 7:00am and 8:00am or 7:30am and 8:00am. Appointments can be booked over the telephone or in person at the surgery.

Patients are able to contact the practice duty GP at any time between 8:00am and 6:30pm on weekdays by ringing the main practice number. The practice website, signage and telephone system advise patients that outside of core hours (8:00am to 6:30pm weekdays) they should phone the out of hours service. The out of hours services is provided by Medvivo and can be accessed by calling NHS 111.

The practice has a General Medical Services contract to deliver health care services. This contract acts as the basis for arrangements between NHS England and providers of general medical services in England.

Detailed findings

The practice delivers its services from the following location:

- 7-9 Park Lane, Swindon, Wiltshire, SN1 5HG

Are services safe?

Our findings

What we found at our previous inspection

When we visited Park Lane Practice on 4 April 2017 to carry out a comprehensive inspection we rated them as requires improvement for the provision of safe services. We said they must make improvements in a number of areas. For example, we said they must:

- Ensure they have an effective system for monitoring blank prescription forms that is in line with current guidance.

What we found at this inspection

Park Lane Practice is now rated as good for the provision of safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.

- There was a system to manage infection prevention and control, which included regular infection control audits and an action plan showing items that needed attention. However, there was no effective system for management oversight of this system. For example, we found there was no clear system for monitoring the action plan or recording what steps had been taken. When we pointed this out to the practice they immediately reviewed their systems and the next day sent us a revised action plan, which included details such as dates items had been checked, progress notes and a review date.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- There was an effective system for management oversight to ensure emergency equipment was available to use.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Are services safe?

- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use. We saw that since our previous inspection in April 2017 the practice had introduced a system to monitor blank prescription forms.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- The practice had a system for repeat prescriptions. These were prepared by administration staff. Staff told us GP's always looked at these prescriptions before signing.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, when a patient sample could not be processed by the laboratory because an obsolete style of swab had been used they recorded this as a significant event and carried out an investigation. The GP apologised to the patient and arranged for a new sample to be taken. The event was discussed at a practice meeting and steps agreed to make sure this problem did not happen again. The learning points were recorded on the significant event recording form and all staff signed a front sheet to confirm they had read and understood the changes being made.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

What we found at our previous inspection

When we visited Park Lane Practice on 4 April 2017 to carry out a comprehensive inspection we rated them as requires improvement for the provision of effective services. We said they must make improvements in a number of areas. For example, we said they must:

- Develop an induction pack for locum GPs.
- Ensure they have a system or plan for assessing, monitoring and improving outcomes for patients.
- Ensure staff that triage patients phone calls have received training and are given clear guidance as to the role.

What we found at this inspection

We visited the practice to carry out a comprehensive follow up inspection of the service on 6 February 2018, to review the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements. Park Lane Practice is rated as requires improvement for the provision of effective services.

Effective needs assessment, care and treatment

The practice had systems to keep most clinicians up to date with current evidence-based practice. We saw that most clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We looked at prescribing data, which showed that the practice prescribing was comparable to other practices. For example, the number of antibacterial prescription items prescribed per specific therapeutic groups was 0.81 compared to the clinical commissioning group average of 0.85 and national average of 0.98. We noted the practice score was 0.05 better than in the previous year.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

The practice's uptake for cervical screening was 71%, which was below the 80% coverage target for the national screening programme. We noted the clinical commissioning group (CCG) average was 82% and national average was 81%. We looked at the practice system for conducting screening tests which we found was not in line with guidance. For example:

- There was no failsafe system for recording smears tests. The results of tests received back were recorded but these were not checked against a list of tests sent.
- The patients notes did not always record whether a chaperone had been offered.
- The practice had no record of patients who had been referred for a colposcopy. The day after our inspection the practice confirmed that they had completed an audit of all referrals made since April 2017 and all except those referred in the previous week had been seen.
- Some of the sample pots found in the clinic were out of date. The day after our inspection the practice confirmed to us these out of date pots had been replaced.

Older people:

The practice is rated as good for providing effective care to older people.

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. The practice ensured that housebound patients were offered this service and we saw evidence that 90% of housebound patients had received a health check in the last year.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

Are services effective?

(for example, treatment is effective)

People with long-term conditions:

The practice is rated as requires improvement for providing effective care to people with long-term conditions.

- The practice exception reporting rate was 16% compared with a national and local average of 10%.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

The practice is rated as requires improvement for providing effective care for families, children and young people:

- The practice's uptake for cervical screening was 71%, which was below the 80% coverage target.
- We found a number of areas in the practice cervical screening system which did not meet required standards. For example, we found sample pots were out of date.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- Immunisation rates were relatively high for most standard childhood immunisations.

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

The practice is rated as requires improvement for providing effective care to working age people (including those recently retired and students):

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

The practice is rated as good for providing effective care to people whose circumstances make them vulnerable.

- End of life care was delivered in a coordinated way which took into account the needs of those 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.

People experiencing poor mental health (including people with dementia):

The practice is rated as good for providing effective care to people experiencing poor mental health (including people with dementia):

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is better than the national average of 90%, the clinical commissioning group (CCG) average of 89% and it is an improvement on the practice's score in the previous year of 80%. The exception reporting rates for this measure was 8% compared to the CCG average of 7% and national average of 7%. (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.)
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is better than the national average of 90%, the CCG average of 89% and it is an improvement on the practice's score in the previous year of 95%. The exception reporting rates for this measure was approximately half the national and CCG averages, at 5% compared to the CCG average of 11% and national average of 13%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 98%; CCG 89%; national 89%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 100%; CCG 98%; national 97%).

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and

Are services effective?

(for example, treatment is effective)

appropriateness of the care provided. For example, when the practice saw the number of patients aged 65, who had attended for an Abdominal Aortic Aneurysm repair (AAA) was lower than the local average, they did an audit to investigate this with the aim of improving uptake. (An AAA is an enlargement of a major artery that can be at risk of bleeding.) They made some changes to their processes and repeated the audit to check that the actions they had taken had been effective. The practice was actively involved in working with other local practices.

The most recent published Quality Outcome Framework (QOF) results were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95.6%.

The overall exception reporting rate was 16% compared with a national and local average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) The practice exception rate for cancer treatment indicators was 46% compared to the CCG average of 26% and national average of 25%. For Diabetes treatment indicators, it was 24% compared to the CCG average of 15% and national average of 14%. We discussed exception reporting with the practice who were aware of the data and told us they were working to reduce their exception rates. However, there was no plan for achieving this. We looked at the records of three patients who had been excepted and found the reasons for excluding these patients were appropriate.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Staff were encouraged and given opportunities to develop. However, the practice records of skills, qualifications and training were not always kept up to date. For example, we noticed in data sent to us prior to the inspection that a GP working at the practice had not

completed some training the practice considered essential. We discussed this with the practice who subsequently showed us evidence the GP had completed the training.

- The practice had produced an induction pack for locum staff, including GPs. A computer desktop screen had been developed for locum GPs with links to other information such as referrals and safeguarding.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.

Are services effective?

(for example, treatment is effective)

- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

What we found at our previous inspection

When we visited Park Lane Practice on 4 April 2017 to carry out a comprehensive inspection we rated them as requires improvement for the provision of caring services.

What we found at this inspection

We visited the practice to carry out a comprehensive follow up inspection of the service on 6 February 2018, to review the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements. The practice remains rated as requires improvement for the provision of caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 18 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed most patients felt they were treated with compassion, dignity and respect. Two hundred and forty nine surveys were sent out and 91 were returned. This represented about 1.3% of the practice population.

However, although most patients felt positive about the service they received, the practice had mixed results for its satisfaction scores on consultations with GPs and nurses when compared to local and national averages. We also noted that some of these scores had fallen since the previous survey which we reported on in our previous inspection report. For example:

- 73% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the

national average of 89%. This was lower than the previous year's score of 83%. This was a 10% decrease from the score we noted on our last inspection in April 2017.

- 67% of patients who responded said the GP gave them enough time; CCG - 84%; national average - 86%. This was a 14% decrease from the score we noted on our last inspection.
- 87% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 96%. This was a 3% increase from the score we noted on our last inspection.
- 64% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 88%; national average - 86%. This was a 14% decrease from the score we noted on our last inspection.
- 87% of patients who responded said the nurse was good at listening to them; (CCG) - 91%; national average - 91%.
- 91% of patients who responded said the nurse gave them enough time; CCG - 90%; national average - 90%. This was a 3% decrease from the score we noted on our last inspection.
- 93% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 97%; national average - 97%. This was a 6% decrease from the score we noted on our last inspection.
- 82% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 91%; national average - 91%. This was a 9% decrease from the score we noted on our last inspection.
- 78% of patients who responded said they found the receptionists at the practice helpful; CCG - 86%; national average - 87%. This was a 1% increase from the score we noted on our last inspection.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

Are services caring?

- Interpretation services were available for patients who did not have English as a first language. There was a self-service check-in screen in six common languages for the patient population group.
- Staff communicated with patients in a way that they could understand, for example, communication aids.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 86 patients as carers (1.3% of the practice list).

- A member of staff had recently been appointed to act as a carers' lead to help ensure that the various services supporting carers were coordinated and effective.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. Longer appointments were available to those recently bereaved and the practice had a page on their website giving further information and advice.

Results from the national GP patient survey showed most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, although most patients felt positive about the service they received, the practice was below average for most of its satisfaction scores for involvement in planning and making decisions, when

compared to local and national averages. We also noted that the scores for some indicators had fallen since the previous survey which we reported on in our previous inspection report. For example:

- 61% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 86% and the national average of 86%. This was a 16% decrease from the score we noted on our last inspection in April 2017.
- 57% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 80%; national average - 82%. This was a 12% decrease from the score we noted on our last inspection.
- 90% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 90%; national average - 90%. This was the same as the score we noted on our last inspection in April 2017.
- 76% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 84%; national average - 85%. This was a 13% decrease from the score we noted on our last inspection.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

What we found at our previous inspection

When we visited Park Lane Practice on 4 April 2017 to carry out a comprehensive inspection we rated them as inadequate for the provision of responsive services. We said they must make improvements in a number of areas. For example we said they must:

- Review of their system for promoting the range of appointments available to ensure they make effective use of their extended hours capacity.
- Ensure they have an effective system for patients to access appointments by telephone.
- Ensure all learning from complaints is shared with all staff.

What we found at this inspection

We visited the practice to carry out a comprehensive follow up inspection of the service on 6 February 2018, to review the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements. The practice is now rated as requires improvement for the provision of responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

- The practice understood the needs of its population and tailored services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

The practice is rated as requires improvement for providing responsive care. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were examples of good practice.

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent

appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

The practice is rated as requires improvement for providing responsive care. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were examples of good practice.

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

The practice is rated as requires improvement for providing responsive care. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were examples of good practice.

- The practice worked closely with the midwife who worked from the practice building.
- The practice offered regular family planning clinics.
- We found there were systems 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 accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice was Breastfeeding Friendly and had policies in place to support this.

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

The practice is rated as requires improvement for providing responsive care. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were examples of good practice.

Are services responsive to people's needs?

(for example, to feedback?)

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments at the local urgent care centres.
- The practice offered text messaging to remind patients of upcoming appointments.
- The practice had reviewed its appointment system and now offered extended hours appointments with a nurse on four mornings a week.
- The practice was able to book evening and weekend appointments for patients at the local SUCCESS clinic, which provided additional GP support to the practices in Swindon.
- Since our last inspection the practice had reviewed their system for promoting extended hours surgery. As a result of this review, they had increased the number of extended hours appointments with a nurse, which were now available four mornings a week. The practice promoted the extended hours appointments through signs on the notice board, in the practice leaflet and on their website. We saw evidence that most of the extended hours appointments slots were used. The practice no longer offered extended hours appointments with GPs.
- We saw evidence that the practice was keeping data on their appointment system, but it was unclear how the practice was using this data to improve their appointment system for patients.

People whose circumstances make them vulnerable:

The practice is rated as requires improvement for providing responsive care. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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 requires improvement for providing responsive care. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were examples of good practice.

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to the service

Some patients had difficulty accessing care and treatment from the practice.

- Since our last inspection the practice had installed a new telephone system with greater line capacity and with greater functionality, such as call queuing with advisory messages and data monitoring. We were told the system now gave callers information about the expected wait time and the number of callers ahead of them in the queue. However, the practice told us that the reporting functions of the new system were not yet working as intended.
- On the day of the inspection we spoke to five patients who were attending for an appointment. Of these, four said they had difficulties in getting their appointment and only one had recognised the practice had a new system that told them their place in the queue, until it was mentioned to them.
- Waiting times, delays and cancellations were managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- A sign outside the practice informed patients how to contact their duty doctor if they were closed between the hours on 8am to 6.30 pm.
- The practice was able to make a limited number of appointments for patients who needed an urgent on the day appointment at either of two local urgent care centres. The decision as to whether it would be appropriate to offer a patient an appointment at one of these centres was usually taken by the reception staff based on the patient's response to some simple questions. We saw evidence that reception staff had been trained for this triage process and further guidance was available to staff regarding this.

Are services responsive to people's needs?

(for example, to feedback?)

- At our previous inspection we found patients queuing outside the practice at 8am waiting for the practice door to open at 8.30am, so they could make an appointment. On this inspection we noted that the practice had extended their opening hours to 8am so patients did not have to queue outside.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages. However, in most cases these results were an improvement from the scores in last year's survey and noted in our previous inspection report. For example:

- 54% of patients who responded to the national survey were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 80%. This was a 4% increase from the score we noted on our last inspection in April 2017.
- 46% of patients who responded said they could get through easily to the practice by phone; CCG – 70%; national average – 71%. This was a 9% increase from the score we noted on our last inspection.
- 61% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG – 74%; national average – 76%. This was an 8% increase from the score we noted on our last inspection.
- 67% of patients who responded said their last appointment was convenient; CCG – 76%; national average – 81%. This was a 21% decrease from the score we noted on our last inspection.
- 50% of patients who responded described their experience of making an appointment as good; CCG – 69%; national average – 73%. This was a 1% increase from the score we noted on our last inspection.
- 43% of patients who responded said they don't normally have to wait too long to be seen; CCG – 52%; national average – 58%. This was a 4% decrease from the score we noted on our last inspection.

None of the 18 comment cards we received mentioned difficulties in contacting the practice or making an appointment and one commented that it was easy to get an appointment.

However, we spoke to seven patients on the day of our inspection of whom four were critical of the practice telephone and appointment booking system.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Thirteen complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- Since our last inspection the practice had reviewed the system for ensuring all learning from complaints was shared with all staff. They had introduced a monthly complaints meeting where all complaints were discussed and complaints were a standing item on the practice meetings.
- We saw evidence the practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, following a complaint that a patient appointment was not recorded correctly on the system, it was identified that human error was responsible and further training was offered to staff to help prevent the problem happening again.

Are services well-led?

Inadequate 

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

Our findings

What we found at our previous inspections

When we visited Park Lane Practice in January 2016 to carry out a comprehensive inspection, we found the practice was not compliant with the regulation relating to good governance and rated them as requires improvement for the provision of well-led services.

When we visited Park Lane Practice on 4 April 2017 to carry out a comprehensive inspection we found the practice remained non-compliant with the regulation relating to good governance and rated them as inadequate for the provision of well-led services.

We said the registered person did not have a clear governance framework to support the delivery of good quality care and there was inadequate documentation relating to the planning and monitoring of services or the identifying, capturing and managing of issues, as required by the regulations. For example:

- The practice did not have a business plan or similar document that detailed how the practice planned to develop and improve its services.
- There was no system or plan for assessing, monitoring and improving outcomes for patients. For example, there was no planned programme of future audits.
- Minutes of meetings did not record enough detail of discussions or actions agreed for staff that may not have been able to attend the meetings.
- The registered person did not operate an effective appointment booking system to ensure patients' needs were met and reflected their preferences.
- The registered person did not operate an effective telephone system.
- Inaccurate information was provided on the practice website.
- The registered person did not operate an effective system for monitoring blank prescription forms that was in line with current guidance.
- There was no induction pack for locums.
- The registered person did not ensure staff who triaged patient's phone calls had received training or clear guidance.

What we found at this inspection

Since our comprehensive inspection in April 2017, we saw evidence the practice had reviewed and revised many areas of the practice. The practice told us they had sought help and advice from a range of external bodies including; NHS Swindon Clinical Commissioning Group, the Local Medical Committee and the Royal College of General Practitioners. However, we found areas of concern and continued breaches of regulation relating to good governance. This meant the practice had been in breach of the regulation for two years and had failed to correct these concerns. The practice continues to be rated as inadequate for the provision of well-led services.

Leadership capacity and capability

The leadership of Park Lane Practice is led by the owner and lead GP with support from a practice manager. We saw evidence that they were knowledgeable about some of the issues and priorities relating to the quality and future of services. They understood some of these challenges, however they had not ensured improvement in areas of concern.

- The leaders were visible and approachable.
- We saw evidence the practice had taken steps to develop leadership capacity and skills, including planning for the future leadership of the practice.

However, there were areas of concern where the practice was not meeting the regulations for good governance and did not have a clear plan for addressing them. For example;

- At our inspection of January 2016, we said the practice did not operate an effective appointment booking system to ensure patients needs were met and reflected their preferences. At our inspection of June 2017, we found the practice had made limited progress in this. On this inspection we found that although the practice had taken some action, such as installing a new telephone system, improvements had been limited. The practice did not have a clear plan on how they would use the new system or the performance data it produced to operate an effective appointment booking system which ensured patients needs were met and reflected their preferences.
- There was inadequate evidence the practice was responding or planned to respond to patient feedback. For example, in the section of the practice's current business development plan, the practice noted there

Are services well-led?

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were patient concerns about appointments and telephone access, but gave no indication of how patient feedback would be used to drive further improvements or how they would work to meet patients preferences. The business plan commented that patient feedback indicated they had a caring team but that some patients appeared to have unreasonable expectations. There was no recognition in the business plan that patient feedback from the national GP patient survey published in July 2017 showed access to services remained below local and national averages, and that in relation to being caring, patient feedback was below local and national averages and had fallen compared to the previous survey.

Vision and strategy

The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients, however this was not yet embedded.

- Since our last inspection the practice had reviewed their vision and values, which were clearly and prominently displayed in both staff and patient areas. The practice had developed a supporting business plans to achieve priorities, but the plans for addressing poor patient feedback and issues with accessing appointments were unclear.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region.

Culture

The staff we spoke with said there had been many changes and improvements in the practice since our last inspection.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was an emphasis on the safety and well-being of all staff.
- Staff had received equality and diversity training. Staff we spoke to felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Since our last inspection the practice had reviewed many areas of the management and governance arrangements and we saw there had been improvements. However, there remained areas of concern.

- There were responsibilities, roles and systems of accountability to support good governance and management, but these were not consistently effective.
 - They had introduced a range of new policies and procedures. For example, they had developed a website editing and checking protocol to ensure information on their website was accurate and we saw evidence the monthly checked required under this protocol had been carried out.
 - Structures, processes and systems to support good governance and management were set out and understood. However, these systems were not always effective in providing management oversight or ensuring adequate plans were in place to address issues identified. For example;
1. There was no clear system for monitoring the infection control action plan or recording what steps had been taken to address the issues identified.
 2. The practice systems had not identified and addressed a number of issues with the cervical screening system.

Are services well-led?

Inadequate 

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

3. The practice system for staff training were not always kept up to date.
 4. There was no clear plan for addressing the lower than average feedback scores from patients or for addressing the concerns about getting access to appointments.
 5. We saw evidence the practice was collecting data from the new telephone system, but there was limited evidence they were using this data help them improve their performance.
- We looked at minutes of meetings and saw they were clearly set out and contained enough detail to inform people unable to attend the meeting. We saw that decisions made and agreed between the lead GP and the practice manager were clearly recorded.
 - Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Practice leaders had established a range of policies, procedures and activities to ensure safety and assure themselves that they were operating as intended.

Managing risks, issues and performance

There were processes for managing risks, issues and performance, although they were not always clear or effective. For example;

- On the day of our inspection there was no effective system to ensure actions from the infection control audit had been completed.
- There was no failsafe system for recording smears tests.
- There was no clear plan for reducing their higher than average exception reporting rates in the quality outcome framework (QOF).

There were some positive improvements in the practice. For example;

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.

- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

- Quality and operational information was used to improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The practice used information technology systems to monitor and improve the quality of care.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- We saw evidence the practice collected their Friends and Family feedback.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The registered person did not have a clear governance framework to support the delivery of good quality care and there was inadequate documentation relating to the planning and monitoring of services or the identifying, capturing and managing of issues. For example: • One prescriber was not aware of the latest treatment advice for urinary tract infections. • There was no failsafe system for recording smears tests. • Patient's notes did not always record whether a chaperone had been offered when attending for a smear test. • Sample pots found in the clinic were out of date. • The practice had no clear plan for addressing poor patient feedback or difficulties patients experienced in making an appointment. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.