

# Park Community Practice

## Quality Report

Horne Street Health Centre  
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Website: [www.parkandcaldercommunitypractice.co.uk](http://www.parkandcaldercommunitypractice.co.uk) Date of publication: 29/06/2016

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

## Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park Community Practice on 5 May 2016. Overall the practice is rated as good.

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

- The practice was aligned with Calder Community Practice, situated in Todmorden. Patients were able to access services at either site. Park and Calder Community Practice was part of Locala, a social enterprise community interest company (CIC). All data relates to both practices collectively, unless specified otherwise.
- Locala had clear lines of accountability and governance with encompassed the whole organisation. Staff at the practice told us they felt supported by their immediate managers, and by the organisation as a whole.
- The practice routinely sought feedback from staff and patients, and had a recently established patient participation group (PPG). We were given examples of how the practice had responded to patient comments and suggestions.
- We saw the practice had an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Clear guidance about how to complain was displayed in the practice and on the practice website.
- Patients said they found it easy to make an appointment with a GP or nurse practitioner. Urgent appointments were available the same day when required.

# Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw an area of outstanding practice:

- Park Community Practice was open between 8am and 8pm Monday to Friday. In addition the practice opened between 8am and 1pm on Saturday.

However there is an area where the practice needs to make improvements.

The provider should:

- Review the way carers are identified within the practice and develop systems to provide additional support to this group of patients.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Medicine management 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. At the time of our visit not all staff had received an annual appraisal, but we were shown plans where these would be completed within the next few weeks.
- Staff worked with multidisciplinary teams to monitor risk, assess need and deliver appropriate treatment for those patients with more complex needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice in line with 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.

# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice gave examples of how they went the extra mile for patients. For example they described how taxis were made available for patients identified as vulnerable to attend appointments when transport was difficult.
- At the time of our visit the practice had not developed a carers' register. They told us they would address this immediately.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice had signed up to the 'Altogether Better' project which involved establishing patient champions to help patients manage their own health through means of social engagement and physical activity.
- Patients said they found it easy to make an appointment with a GP or nurse practitioner Urgent appointments available the same day.
- Park Community Practice was open between 8am and 8pm Monday to Friday. In addition the practice opened between 8am and 1pm on Saturday.
- A walk in service was housed in the same premises as Park Community Practice. This was open between 8am and 8pm on weekends and bank holidays. Patients from Park Community Practice were able to use this service, as were patients from other practices.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Clear guidance about how to complain was displayed in the practice and on the practice website. We saw evidence the practice responded appropriately to issues raised, and that learning was shared with staff and other stakeholders when appropriate.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice was part of Locala, a social enterprise community interest company (CIC). Locala had a clear vision and strategy to deliver a person centred approach and promote good outcomes for patients. Staff we spoke with understood the ethos of the organisation, and how it related to the practice.
- Locala had clear lines of accountability and governance which encompassed the whole organisation. Staff at the practice told us they felt supported by their immediate managers and by the organisation as a whole. The practice routinely sought feedback from staff and patients, and had a recently established patient participation group (PPG).
- There was a clear leadership structure and staff felt supported by management. The practice was subject to a number of corporate policies and procedures to govern activity. The practice held regular governance meetings.
- There was an overarching corporate governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment of patients. The leadership team encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group had been recently established, and held regular meetings with the practice.
- Plans were in place to complete all staff appraisals and personal development plans. Continuous learning and improvement was encouraged at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Following our inspection we sought feedback from a nursing home who had residents registered with the practice. They told us although overall the practice provided a good service to their residents, they had at times experienced delays in receiving prescriptions from the practice.
- The practice showed us data which indicated that 66% of eligible patients had completed an over 75 assessment in the previous year.

### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 94% of patients with diabetes, on the register had a recorded foot examination completed in the preceding 12 months compared to the CCG average of 89% and national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had recently appointed a diabetic specialist nurse who was able to provide diabetic support up to level five. This meant that patients with diabetes on insulin or other injectables could have treatment initiated and managed in house by the practice. This included the management of diabetes in pregnant women, and patients who used insulin pumps to manage their condition.

# Summary of findings

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 77% of patients with asthma, on the register had received an asthma review in the preceding 12 months compared to the CCG average of 76% and national average of 75%.
- Staff told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours.
- We saw that baby changing facilities were available in the practice, and breast feeding mothers were offered a consulting room in which to feed their babies if they required one.
- Staff told us they had regular meetings with health visitors and school nurses to discuss children and families with additional needs. At the time of our visit Park and Calder community practice had 10 children currently on a child safeguarding plan.

## 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).

Good



- The needs of the working age population, those recently retired and students had been acknowledged. The practice offered extended hours from 8am to 8pm Monday to Friday, and on Saturday from 8am to 1pm.
- The practice offered online services as well as a full range of health promotion and screening reflecting the needs of this age group. Patients could be signposted to smoking cessation and weight management services which were delivered by local services.
- 76% of eligible women had had a cervical screening test performed in the preceding five years compared to the CCG average of 85% and the national average of 82%.

## People whose circumstances may make them vulnerable

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

Good





# Summary of findings

- The practice was able to identify patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multidisciplinary teams in the case management of vulnerable people.
- The practice informed 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.
- The practice had identified three vulnerable adults and 24 vulnerable families on their patient list. Eight people were registered as carers.

## 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).

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is higher than the CCG and national averages of 84%.
- 100% of patients with schizophrenia or other psychoses had a comprehensive care plan completed in the preceding 12 months compared to CCG and national averages of 90% and 88% respectively.
- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice gave patients experiencing poor mental health information about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice, which includes both Park and Calder Community Practices was performing in line with local and national averages. There were 401 survey forms distributed and 91 were returned. This represented 22% of the surveyed population and 2% of the practice's patient list.

- 94% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 84% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 89% described the overall experience of their GP surgery as fairly good or very good (CCG average 88%, national average 85%).

- 83% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. At Park Community Practice we received 12 comment cards which were all positive about the standard of care received. People said they found the staff professional, caring and friendly. One person commented that one member of staff had been rude on one occasion, but this had not impacted on their overall impression of the service provided by the practice.

We spoke with one patient during the inspection who told us they were extremely happy with the care they received and thought staff were very professional committed and caring.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Review the way carers are identified within the practice and develop systems to provide additional support to this group of patients.

## Outstanding practice

- Park Community Practice was open between 8am and 8pm Monday to Friday. In addition the practice opened between 8am and 1pm on Saturday.

# Park Community 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 and a practice manager specialist adviser.

## Background to Park Community Practice

Park Community Practice is part of Locala Community Partnerships. It is located at Horne Street Health Centre, Hanson Lane Halifax HX1 5UA. The practice shares its purpose built accommodation with another GP practice. Park Community Practice also hosts a walk in service which operates on weekends and bank holidays between 8am and 8pm. Park Community Practice is joined with Calder community practice in Todmorden. The practice provides Alternative Provider Medical Services (APMS) under a locally agreed contract with Calderdale CCG and NHS England. The practice list size is 5413 patients. Patients on this list can choose where they would like to be seen, although given the distance between the branches each practice tends to have its own list of patients.

Park Community Practice has a list size of approximately 2500 patients. The largest proportion of the practice population is under 50 years old. The majority of the practice population are of Eastern European or Asian origin.

There are four GPs two of whom are male and two female. There are two female nurse practitioners, one locum male nurse practitioner and two female health care assistants. At the time of our visit the practice were in the process of recruiting a practice nurse to complete the clinical team.

Staff are shared across both sites. The team is supported by an operations lead, clinical lead, assistant practice manager and a range of administrative and reception staff. The practice team benefits from clinical, quality and governance support provided as part of the wider Locala organisation.

The practice is classed as being within one of the more deprived areas in England. People who live in more deprived areas tend to have greater need for health services.

Park Community Practice is open between 8am and 8pm Monday to Friday. A walk in service is also available on weekends and bank holidays 8am to 8pm.

Outside these hours out of hours cover is provided by Local Care Direct and is accessed via the surgery telephone number or by calling the NHS 111 service.

## Why we carried out this inspection

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

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

# Detailed findings

## How we carried out this inspection

Before visiting the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders such as NHS England and Calderdale Clinical Commissioning Group (CCG) to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice manager provided before the inspection day. We also reviewed the latest data from the Quality and Outcomes Framework (QOF), national patient survey and NHS Friends and Family Test (FFT) information.

We carried out an announced inspection on 5 May 2016. During our visit across both sites we:

- Spoke with a range of staff including GPs, the practice pharmacist, assistant practice manager, operational lead, clinical lead, locum nurse practitioner, health care assistant, receptionists and quality lead.
- We also spoke with four patients, two of whom were also members of the patient participation group (PPG). We reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- We observed communication and interaction between staff and patients, both face to face and on the telephone.
- We also reviewed an anonymised sample of the personal care or treatment records of patients.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the clinical lead or assistant practice manager of any incidents and complete an electronic incident report form.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an incident when there was a delay in a patient receiving a prescription for antibiotics for a urine infection, the practice changed their procedures to that the GP generated any prescription required and gave it to the receptionist, rather than sending an electronic task to reception to action the prescription.

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

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs liaised with health visitors and school nurses to discuss children and families of concern. They 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 three.
- Notices in the waiting room and on the front of each consulting room door advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Locala's infection prevention and control (IPC) lead was the IPC lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example foot operated pedal bins were placed in all consulting rooms.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice were appropriate (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had recently appointed a practice pharmacist to assist with medicines management processes. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Some staff had transferred over from another care provider in December 2013, and at that time a 'due diligence' document had been signed which assured that all appropriate pre-employment checks had been completed.

## Are services safe?

- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice made use of locums when necessary, and clinical staff worked across both practices.

### 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Emergency medicines were labelled clearly to indicate what emergency they were to be used for, for example heart attack, to enable easy access to the correct medicines at times of emergency. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Our findings

#### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. We saw that the internal intranet system provided immediate access to current evidence based guidance, safety alerts and up to date referral forms for all staff.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

#### Management, monitoring and improving outcomes for people

The practice 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 100% of the total number of points available, with 24% exception reporting. The exception reporting rate was significantly higher than the CCG average of 8% and national average of 9%. (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) The practice showed us their business development plan which was addressing the higher than average exception reporting rate in some instances. For example they were developing systems to invite patients on three occasions for their reviews. In addition they had employed a practice pharmacist who would look at prescribing patterns and take a lead on medicines management for patients with long term conditions

Data from 2014/5 showed;

- Performance for diabetes related indicators were similar to the CCG and national average. For example 97% of

patients with diabetes, on the register had a recorded blood pressure reading of 150/90 mmHg or less in the preceding 12 months compared to the CCG and national average of 91%.

- The percentage of patients with hypertension having regular blood pressure tests was 94% which was higher than the CCG and national averages of 84%.
- Performance for mental health related indicators was better than CCG and national averages. For example 94% of patients with schizophrenia or other psychoses had their alcohol consumption recorded in the preceding 12 months compared to the CCG average of 91% and national average of 90%.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included standardising prescribing patterns for patients experiencing sore throat.

Information about patients' outcomes was used to make improvements such as streamlining the diagnosis and treatment pathways for urinary tract infection (UTI).

#### Effective staffing

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

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



# Are services effective?

## (for example, treatment is effective)

vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by accessing on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, appraisals, and facilitation and support for revalidating GPs. At the time of our visit some staff had not had an appraisal within the last 12 months. We were shown a plan for all staff to have their appraisal completed within the next few weeks.
- 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, in-house training via their protected learning time (PLT) and access to corporate training sessions provided by Locala.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence meetings with health visitors and school nurses took place six to eight weekly, and that meetings with community matron and district nurses took place on an individual basis when the need arose. Details from these meetings were entered directly onto the patient's electronic record and included any plans to manage their needs effectively.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance such as Gillick competency. These are used in medical law to decide whether a child is able to consent to his or her own medical treatment without the need for parental consent or knowledge.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The 'Better Living' team provided support for patients needing support with weight management. Substance misuse and smoking cessation services were provided by local services. At the time of our visit the practice had not developed a carer's register. They told us this would be addressed following our visit.
- The practice had signed up to the 'Altogether Better' project which involved establishing patient champions to help patients manage their health through means of social engagement and physical activity.

The practice's uptake for the cervical screening programme was 76%, which was lower than the CCG average of 85% and the national average of 82%. The practice was working on improving their uptake by sending three letters of reminder when a patient failed to attend for screening. They were also developing letters in different languages to help improve patient understanding of the importance of the test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female



## Are services effective? (for example, treatment is effective)

sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, and sent letters to patients if they failed to attend for their appointment.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 96% and five year olds from 73% to 93%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice gave examples of how they went the extra mile for patients. For example they provided taxis for patients identified as vulnerable to attend appointments when transport was difficult.

All of the 12 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group, who 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.

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

- 82% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 77% said the GP gave them enough time (CCG average 89%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)

- 83% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 84% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 92% said they found the receptionists at the practice helpful (CCG and national average 87%).

The practice was working with the recently formed patient participation group to understand the reasons for some of the lower scores. They told us longer appointments were offered to all patients who were deemed to have increased need.

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

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

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

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care (CCG average 84% , national average 82%)
- 80% said the last nurse they saw was good at involving them in decisions about their care (CCG and national average 85%).

Staff told us that telephone interpreter services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

## 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 had a code on the patients electronic record which identified patients who were carers. At the time of our visit a carer's register had not been developed, and additional services such as health checks were not offered. Following on from our inspection the practice told us they

would adopt a more proactive role in identifying carers, and offer them additional support. Only eight people across Park and Calder community practices had been identified as carers.

Staff told us that if families had experienced a bereavement the practice made contact if they were known to the practice. Patients were signposted to additional support services when appropriate

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### 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 was involved in the 'Aspire' project which was developing ways of improving the detection and monitoring of patients with hypertension (high blood pressure).

- The practice was open between 8am and 8pm Monday to Friday and between 8am and 1pm on Saturday for nurse or GP appointments.
- Longer appointments available for patients with additional needs, such as patients with mental health difficulties or those with a learning disability.
- Home visits were available for housebound and very sick patients.
- Same day appointments were available for children and those with serious medical conditions.
- The practice was equipped to accommodate patients with mobility difficulties, or patients who used a wheelchair. The practice was situated on the ground floor and all areas were accessible to wheelchairs.

#### Access to the service

The practice was open between 8am and 8pm Monday to Friday. The practice also opened Saturday mornings between 8am and 1pm. Appointments could be booked in advance or on the day. The practice offered online access to book appointments or to order repeat prescriptions.

Patients could also access the walk in centre which was situated in the same premises. The walk in centre was open on weekends and bank holidays between 8am and 8pm. .

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

- 91% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 94% patients said they could get through easily to the surgery by phone (CCG average 75% national average 73%).
- 58% patients said they always or almost always see or speak to the GP they prefer (CCG average 57%, national average 59%).

Comment cards we received on the day of the inspection indicated that patients were usually able to get appointments when they needed them.

#### Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- Complaints were forwarded by the practice staff to the patient liaison team who handled all complaints coming into the practice.
- We saw that information was available to patients to help them understand the complaints system on the practice leaflet and on the website.

We looked at eight complaints received at Park Community Practice in the last 12 months and found these were satisfactorily handled and dealt with in a timely way, with openness and transparency in dealing with the complaint. Lessons were learned from concerns and complaints and action was taken as a result to improve the quality of care. For example a patient complained that a receptionist had given them the incorrect result following a cervical smear. The practice acknowledged the mistake and communicated to reception staff that when giving test results to patients they followed clearly the information recorded on the electronic record by a clinician.

# 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

Park and Calder community practice as part of Locala CIC had a clear vision to provide quality in everything they did.

- Locala's vision and values were clearly displayed on a large banner at the entrance to the practice. Staff we spoke with understood the values of the organisation.
- Locala had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear organisational and staffing structure. Staff we spoke with were clear about their own roles and responsibilities within this.
- The practice had access to organisation wide protocols and policies. Some of these were specific to the practice. All were available on the intranet for all staff.
- Performance of the practice was monitored and maintained via weekly clinical meetings.
- The practice made use of clinical and internal audit to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The GPs and leadership team encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents, such as patient safety alerts.

When there were unexpected or unintended safety incidents:

- The practice gave affected people 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 practice management and the management structure of the organisation as a whole.

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, patients had requested that phlebotomy services be made available within the practice setting. The practice had responded and had trained the health care assistants to take blood samples to provide this service in-house.
- The practice had gathered feedback from staff through staff meetings and informally through discussion. 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.

### Continuous improvement

# Are services well-led?

Good 

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

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice, through the head of customer liaison engaged with community and voluntary groups, and was able to

provide funding through Locala's community fund. For example they had provided funding to a local school to enable disadvantaged pupils to take part in school trips. The practice was also involved in developing a CCG led 'Frailty Project' which aimed at identifying and signposting people to local support in a seamless way.