

# Dr G Celikkol's Practice (Also known as Grange Park Health Centre)

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Celikkol's Practice on 6 December 2016. Overall the practice is rated as good.

At our previous comprehensive inspection carried out on 21 April 2016 the practice was found to be in breach of three regulations. Shortfalls identified included a lack of effective safety systems, inadequate arrangements to deal with medical emergencies, shortfalls in staffing provision and staff training, deficiencies in clinical practice and inadequate governance arrangements. The practice was placed into special measures.

This inspection carried out on 6 December 2016 found that the practice had made significant improvements and that they were meeting all the required regulations.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. The practice had yet to implement the action plan to mitigate risks identified in the legionella risk assessment and told us that they were about to address this.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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. Patients praised the thorough nature of GP consultations.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- All staff had had an annual appraisal except for two which we were told were planned for December 2016.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Implement the action plan associated with the legionella risk assessment.
- Complete the staff annual appraisal process for the two staff members who have not yet been appraised.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

**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 things went wrong patients received reasonable support, truthful information, and a 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.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe.
- Risks to patients were assessed and well managed. A legionella risk assessment had been carried out although the action plan suggested by the risk assessment had not been implemented (legionella is a term for a particular bacterium which can contaminate water systems in buildings). We were told that the practice would be getting advice on the necessary control measures as soon as possible and would be putting them in place.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) for 2015/16 showed patient outcomes were at or above average compared to the national average although there was evidence some patients with chronic disease had not been included in this data. We saw this had been addressed by the practice since April 2016.
- Staff assessed needs and delivered care in line with current evidence based guidance. The practice had developed clinical disease management protocols with reference to current guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

# Summary of findings

- There was evidence of appraisals and personal development plans for all staff. Two members of staff had not had an annual appraisal but we were told that this was scheduled for December 2016.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' 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. For example, 86% of patients said that the GP was good at giving them enough time compared to the national average of 87%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Patients told us that they appreciated the care and support that staff offered.
- 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 had identified 59 patients as carers, 2.6% of its patient list.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice met with neighbouring practices and the CCG monthly to review patient services.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and the PPG.

## Are services well-led?

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

Good



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for 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 was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

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.
- Patients at risk of unplanned admission to hospital had an agreed recorded care plan in place to support them and their carers to take appropriate action when the patient's health needs deteriorated. The principal GP contacted them when they were discharged from hospital.
- The Citizens Advice Bureau visited the practice twice a week and offered advice to patients in the local area. Practice patients and other patients in neighbouring practices were able to book appointments for this.
- The practice had implemented a new procedure to encourage patients to attend bowel and breast cancer screening.

### 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.
- Performance for diabetes related indicators was better than the local and national averages. For example blood measurements for diabetic patients showed that 85% of patients had well controlled blood sugar levels compared with the local average of 83% and national average of 78%.
- The practice was working proactively to identify those patients who had not been added to practice patient chronic disease registers to ensure that they received appropriate care and treatment.
- 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.

# 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 66%, which was worse than the local average of 71% and the national average of 74%. We saw that the practice actively encouraged patients to attend for this screening.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

## 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 identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Appointments were offered at the Staining branch site between 5.30pm and 6.30pm every weekday.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- There were telephone appointments available for patients.

## 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



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and those with complex needs.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.



# Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff told us that translation services were available for patients who did not have English as a first language. There were stickers on all staff computers to advertise this service and provide contact details.
- The practice had a guide dog policy to allow guide dogs to enter the premises when necessary.
- The practice asked all new patients to identify any communication difficulties and indicate preferred method of communication with the practice.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had an agreed care plan documented in their record compared to the local average of 95% and the national average of 89%.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia and had undertaken training in dementia awareness.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed that patient satisfaction levels were variable when compared to local and national averages. A total of 351 survey forms were distributed and 94 (27%) were returned. This represented 4% of the practice's patient list.

- 98% of patients found it easy to get through to this practice by phone compared to the local average of 77% and the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 83% and the national average of 85%.
- 83% of patients described the overall experience of this GP practice as good compared to the local average of 86% and the national average of 85%.
- 66% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 80% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards of which 22 were positive about the standard of care received. One comment card made reference to poor staff practice, three mentioned the wait in surgery to be seen for an appointment and one card criticised the length of time to receive a prescription. However, 22 patients praised the service offered by the practice and commented that they felt that staff took the time to listen to them and that they never felt rushed.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They also said that they could always get an appointment when they needed one, usually on the same day.

## Areas for improvement

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

- Implement the action plan associated with the legionella risk assessment.
- Complete the staff annual appraisal process for the two staff members who have not yet been appraised.

# Dr G Celikkol's Practice (Also known as Grange Park Health Centre)

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

## Background to Dr G Celikkol's Practice (Also known as Grange Park Health Centre)

Dr G. Celikkol's Practice is situated in Grange Park Health Centre in Dinmore Avenue in the Normoss area of central Blackpool at FY3 7RW, serving an urban population. The building is a purpose-built health centre with good parking facilities and the practice is located on the ground floor. The practice provides level access to the building and is adapted to assist people with mobility problems. The practice also has a branch surgery in a detached house in Chain Lane, Staining, also in Blackpool at FY3 0DD. We did not visit the branch site as part of this inspection. Both practice sites are close to public transport.

The practice is part of the NHS Blackpool Clinical Commissioning Group (CCG) and services are provided under a Personal Medical Services Contract (PMS). There is one male GP (the registered provider) and one female long-term locum GP. The practice also employs one

practice nurse and is supported by non-clinical staff consisting of a practice manager and five administrative and reception staff. A clinical pharmacist who is employed by the CCG also supports the practice.

The practice is open at Grange Park between 8.30am and 6pm Monday to Friday except Wednesday when it closes at 3.30pm. Opening hours at Staining are Monday to Friday 9am to 1.30pm and 2.30pm to 6.30pm. Appointments with a GP are offered from 10.30am to 12.20pm and from 4.30pm to 5.30pm at Grange Park every weekday except Wednesday, when appointments with a GP start at 9am and finish at 12.20pm. Appointments at Staining are from 6pm to 6.30pm every weekday. The practice also offers late appointments at Staining for emergencies between 6.30pm and 7pm. When the practice is closed, patients are able to access out of hours services offered locally by the provider Fylde Coast Medical Services by telephoning 111.

The practice provides services to 2,265 patients. The practice population comprises of fewer patients over 65 years of age (12%) than the CCG average of 20% and the national average of 17%, and more patients under 18 years of age (24%) than the CCG average of 19% and the national average of 21%.

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

# Detailed findings

male and female life expectancy is lower than the national average, 79 years for females compared to 83 years nationally and 74 years for males compared to 79 years nationally.

The practice caters for a higher proportion of patients experiencing a long-standing health condition (57%) compared to the national average of 53%. The proportion of patients who are in paid work or full time education is lower (51%) than the CCG average of 54% and the national average of 62% and unemployed figures are also lower, 3% compared to the CCG average of 5% and the national average of 4%.

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. A previous comprehensive inspection had taken place on 21 April 2016 after which the practice was rated as inadequate. We rated the practice as inadequate for providing safe, effective, responsive and well-led services and as requiring improvement for caring. The purpose of this inspection was to check that all required improvements had been made.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 December 2016.

During our visit we:

- Spoke with a range of staff including the principal GP, the practice manager, the practice nurse, the practice pharmacist and two members of the practice administrative team.
- Observed how staff interacted with patients and talked with family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

When we inspected the practice in April 2016, we found that the practice was not able to demonstrate a safe track record over time or demonstrate that learning from significant events was effective. There was no incident reporting policy or procedure for staff to report events or to document the significant event process.

During the inspection in December 2016, we found that the practice had systems in place that could demonstrate a safe track record and evidence learning for the last six months.

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

- The practice had a significant incident reporting policy and staff were aware of the procedure. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice had a duty of candour policy. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and documentation was held on the practice computer and shared with all staff.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when a delivery of vaccinations was not refrigerated immediately, the process for accepting deliveries of medications was amended and discussed with all staff to prevent it happening again. We saw evidence that this new process had been reviewed again in a timely manner to ensure that it was effective.

### Overview of safety systems and processes

When we inspected the practice in April 2016. We found that the practice lacked clearly defined and embedded systems, processes and practices to keep people safe. Concerns we found included:

- The practice did not have suitable safeguarding policies and procedures in place.
- Infection prevention and control audits were incomplete and logs of checks of clinical equipment were not kept.
- Temperature recorders in the vaccine refrigerators had not been calibrated since 2010 and we found many out of date clinical supplies.
- The practice had not carried out risk assessments or disclosure and barring service checks (DBS) for any staff, including the practice nurse (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). There were no references available for any staff.

During the inspection in December 2016 we found that improvements had been made and the practice had addressed the concerns identified at the previous inspection.

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. These arrangements reflected relevant legislation and local requirements. 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 and contact numbers were also displayed on the notice board in the reception office. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and the practice nurse to level two.

## Are services safe?

- Notices in the waiting room and in all clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice and had received training for the role. There was an infection control protocol in place and staff had received up to date training. An infection control audit was undertaken every two months and we saw evidence that action was taken to address any improvements identified as a result. Cleaning audits were also undertaken with the cleaning company every month. The practice had introduced logs of checks made on clinical equipment and there was a clear record of curtain changing.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacist, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The CCG pharmacist had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation.
- There was a clear log of stocks of clinical supplies and medications held by the practice and all supplies that we checked were in date.
- Since our inspection in April 2016, the practice had recruited two new members of staff. We reviewed their 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. We also saw that appropriate DBS checks had been carried out for all remaining staff and further documentation for clinical staff including evidence of registration with appropriate professional bodies, had been added to staff files.

### Monitoring risks to patients

At our inspection in April 2016 we found that risks to patients were generally assessed although we found that some window blind cords had not been secured or risk assessed.

We found during our inspection in December 2016 that risks to patients were assessed and well managed.

- Window blind cords had been risk assessed and secured where appropriate.
- 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. A legionella risk assessment had been carried out however the practice had not yet produced or implemented an action plan suggested by the risk assessment (legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that the report was very comprehensive and they practice told us that they were about to contact an expert plumber to take advice on what control measures needed to be taken and how they should be implemented.
- 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 enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

## Are services safe?

When we inspected the practice in April 2016, we identified concerns in relation to arrangements to deal with emergencies and major incidents. These included:

- Staff were unclear on when to advise patients to ring 999 in an emergency when they rang the surgery to request an appointment and had not received basic life support training in a timely manner.
- Emergency equipment and medications were not easily accessible to staff at all times.
- There were incomplete records of checks for emergency equipment and drugs and some recommended equipment was missing or out of date

At our inspection in December 2016; we found that the practice had addressed all of the concerns.

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. Staff had been trained as to when a patient needed to ring 999 for emergency treatment and there were flowcharts to demonstrate this in the reception office.

- The practice had all of the equipment available that was recommended to deal with emergency situations. There was a defibrillator available on the premises and oxygen with adult and children's masks. The practice kept comprehensive records of checks of emergency equipment and drugs. 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. All the medicines we checked were in date and stored securely. The practice had also supplied a box of medications in the reception office for easy access although this did not contain all of the emergency medications available in the treatment room.
- 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

### Effective needs assessment

During our inspection in April 2016, the practice could not demonstrate that patients' needs were assessed and care was delivered 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 not developed any clinical protocols and there was evidence that some NICE guidelines were not being followed.

At our follow up inspection, we found that the practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including 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 patients' needs. The practice had developed comprehensive protocols for the treatment of patients with long-term chronic diseases and a folder containing these protocols was available in all clinical rooms.
- The practice monitored that guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

During our inspection in April 2016, we found evidence of poor management and monitoring of patients. There was poor identification of patients with long-term chronic conditions and evidence of a lack of appropriate diagnosis. There was also evidence of poor clinical record keeping and little clinical audit taking place.

Our inspection in December 2016 showed that considerable improvements had been made in these areas.

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance in 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 97% of the total number of points available with 6% exception reporting (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 was 7% below the clinical commissioning group (CCG) average exception reporting rate, however, the prevalence of patients with a long term condition was considerably below local and national averages for all chronic diseases (prevalence relates to the number of patients with a particular condition). This data related to performance from April 2015 to March 2016 and did not reflect work done by the practice since then.

The practice had worked to identify patients with chronic diseases who had not been appropriately coded on the patient computer record system. Work included an audit of patients who had been prescribed inhalers to alleviate difficulties in breathing to determine whether these patients had been appropriately identified and coded. As a result of this audit, 17 patients were identified as possibly suffering from a chronic disease that had not been appropriately coded. These patients were called into the practice for review and then added to the chronic disease registers if appropriate so that they could be effectively managed and treated for their condition.

The practice also used a template supplied by the Royal College of General Practitioners (RCGP) to audit whether patient consultations were being correctly recorded by clinicians. Any problems identified by the audit had been addressed.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was better than the clinical commissioning group (CCG) and national averages. For example blood measurements for diabetic patients showed that 85% of patients had well controlled blood sugar levels compared with the CCG average of 83% and national average of 78%. Figures for those patients whose last blood pressure reading was well controlled (140/80 mmHg or less) were 90% compared to the CCG average of 84% and the national average of 78%.
- Performance for some mental health related indicators was comparable to CCG and national averages. For example, 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had an agreed care plan documented in their record compared to the CCG average of 95% and the national average of 89%.



# Are services effective?

## (for example, treatment is effective)

- 100% of patients diagnosed with dementia had had their care reviewed in a face-to-face meeting in the last 12 months which was higher than the CCG average of 87% and national average of 84%. Exception reporting for this indicator was high, 20%, although this represented a very small number of patients.

There was evidence of quality improvement including clinical audit.

- There had been two full clinical audits completed since our last inspection and several additional audits of patient medications as well as audits of data quality including clinical recording of patient consultations. The practice told us that they planned to continue with a programme of re-audit in order to assess continuing improvement.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result of data quality audits led to better recording of patient consultations on the practice clinical record system.

Information about patients' outcomes was used to make improvements such as making recommendations for the appropriate prescribing of certain medications for diabetic patients.

### Effective staffing

At our previous inspection we found that staff had not received an annual appraisal and that there was a lack of staff training; basic life support training had not been provided in a timely fashion and one staff member reported a lack of training for the role. We also found that there was inadequate provision of nursing services and that routine and follow-up patient healthcare reviews were lacking.

At the inspection in December 2016 we found the practice had taken steps to address these issues.

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

- The practice had an induction programme for all newly appointed staff. This 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. The practice had purchased validated online training that allowed for all mandatory training for each role in the practice to be undertaken and we saw that staff had already completed a large part of this training. Staff told us that they enjoyed this and found it useful for their work. Training completed included how to handle patient complaints, conflict resolution and infection prevention and control. Staff had also trained in dementia awareness.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings and local forums.
- 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff except two had received an appraisal within the last six months. We were told that these remaining appraisals were scheduled for December 2016.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house and external training.
- The practice had appointed an additional practice nurse who was to start in January 2017. They were supporting this nurse to apply for further training during December. This appointment ensured that nursing cover could be provided for patients should one nurse be absent from the practice and ensured that routine and follow-up patient healthcare reviews could be offered in a timely manner.

### Coordinating patient care and information sharing

# Are services effective?

## (for example, treatment is effective)

When we inspected the practice in April 2016, we found that the practice had no formal, documented patient safeguarding meetings and that the system for dealing with communication coming into the practice was insufficient.

We found at the inspection in December 2016 that these areas had been addressed appropriately.

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.
- 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 professionals 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. Meetings took place with other healthcare professionals on a quarterly basis when care plans were routinely reviewed and updated for patients with complex needs. There were also documented quarterly meetings with other healthcare professionals to discuss patient safeguarding and child protection issues.

The practice had an appropriate system for dealing with communications received and the GPs were seeing all communications coming into the practice.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

At our inspection in April 2016, we found that the practice had identified that numbers of patients attending national cancer screening programmes were low but had not addressed this. They also had not been offering proactive health checks to patients because of lack of staff capacity.

During this inspection, we found that the practice had begun to address these issues.

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking, alcohol cessation and patients who had drug and alcohol dependency. Patients were signposted to the relevant service.
- The practice also supported patients with drug dependency to limit prescribing for those patients and introduce a medication-reducing program.

The practice's uptake for the cervical screening programme was 66%, which was lower than the CCG average of 71% and the national average of 82%. There was a policy to offer telephone reminders and/or letters for patients who did not attend for their cervical screening test and the practice ensured that they made every effort to encourage patients to attend when they were in practice for other appointments. The practice ensured a female sample taker was available. There were failsafe 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. The practice was aware that figures for patient attendance at national programmes for bowel and breast cancer screening were low when compared to local and national averages and had taken steps to address this. For example, patients screened for breast cancer in the last 36 months were 51% compared to the CCG average of 66% and national average of 73% and figures for patients attending screening for bowel cancer in the last 30 months were 49% compared with the CCG average of 53% and national average of 58%. The practice had started by arranging a clinic for patients who had not attended for a screening appointment to offer further appointments and testing kits but unfortunately this had been poorly attended. They appointed a dedicated staff member to follow up those patients who had not attended and they routinely

# Are services effective?

(for example, treatment is effective)

contacted those patients to encourage them to attend and offer further testing kits if necessary. The practice told us that they had had some success with this but figures to evidence improvement were not yet available.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 100% and five year olds from 81% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate

follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice invited all new patients for health screening. They were aware that many patients had not been invited during the last period of nurse absence and contacted those patients retrospectively and invited them into the practice for an appointment with the nurse. They also ensured that all patients with chronic disease were invited in a timely way for review and used the appropriate templates to record outcomes of these reviews. They had ensured that newly diagnosed patients were seen in a timely way for review.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

A total of 22 of the 23 Care Quality Commission patient 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. One comment card made reference to poor staff practice, three mentioned the wait in surgery to be seen for an appointment and one card criticised the length of time to receive a prescription. However, 22 patients praised the service offered by the practice and commented that they felt that staff took the time to listen to them and that they never felt rushed. Patients said that they felt that the wait in the surgery to be seen was worth it as they knew that their consultation would be thorough. 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 generally in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG and the

national averages of 87%.

- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national averages of 95%.
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 96% of patients said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG and national average of 87%.

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

The practice used care planning for vulnerable patients to facilitate their care and treatment and we saw that these care plans were personalised.

Results from the national GP patient survey showed patients responded negatively to questions about their involvement in planning and making decisions about their care and treatment when they saw or spoke to a GP. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national averages of 82%.

When responding to questions about similar decisions when they saw or spoke to a nurse, results were in line with CCG and national averages. For example:

- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 90%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

We were told that the practice had discussed these results and were aware of the negative figures. They had worked on improving the results and we saw that these figures

## Are services caring?

were better than the previous results. Staff said that patients were always offered choice when referral to further services was needed and patients we spoke to and comment cards we received confirmed this.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. There were stickers on all staff computers to advertise this service and provide contact details.
- There were leaflets available in the practice offering advice about patient choice and detailing other services available.
- Information leaflets were available on request in easy read format.
- The practice asked all new patients to identify any communication difficulties and to indicate preferred method of communication with the practice.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. The Citizens Advice Bureau visited the practice twice a week and offered advice to patients in the local area. Practice patients and other patients in neighbouring practices were able to book appointments for this.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 59 patients as carers (2.6% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice had 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 part of a local neighbourhood group that met monthly to discuss service provision for patients in the area and the development of new services.

- There were longer appointments available for patients with a learning disability and for those with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients at risk of unplanned admission to hospital had an agreed recorded care plan in place to support them and their carers to take appropriate action when the patient's health needs deteriorated. The principal GP contacted then when they were discharged from hospital.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately and were referred to other clinics for some vaccines available privately.
- The practice offered a minor surgery clinic to patients on the premises.
- A midwife provided antenatal clinics every week and clinics for baby vaccinations and immunisations were held weekly.
- The Citizens Advice Bureau visited the practice twice a week and offered advice to patients in the local area. Practice patients and other patients in neighbouring practices were able to book appointments for this.
- There were disabled facilities, a hearing loop and translation services available.
- All of the clinical rooms for patients were on the ground floor.
- The practice noted preferred methods of communication for patients and worked with patients with communication difficulties in a way to suit them.

- The practice had a guide dog policy to allow them to enter the premises when necessary.
- Appointments were available to be booked online as well as face-to-face and telephone appointment booking.

### Access to the service

The main Grange Park Health Centre practice was open between 8.30am and 6pm Monday to Friday except on a Wednesday when it closed at 3.30pm. The branch surgery at Staining was open from 9am to 1.30pm and 2.30pm to 6.30pm Monday to Friday. There were also emergency appointments available at Staining between 6.30pm and 7pm emergencies that could not wait until the next day. Appointments with a GP were offered from 10.30am to 12.20pm and from 4.30pm to 5.30pm at Grange Park every weekday except Wednesday, when appointments with a GP started at 9am and finished at 12.20pm. Appointments at Staining were from 6pm to 6.30pm every weekday. The emergency appointments were at 6.40pm and 6.50pm daily at Staining if needed and were booked by the practice. In addition to pre-bookable appointments that could be booked at least eight weeks in advance, urgent appointments and telephone appointments were also available for people that needed them.

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

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 76%.
- 98% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them, usually on the same day. We saw evidence that the next available pre-bookable appointment was on the following working day.

The practice had introduced a protocol for dealing with home visits Patient requests for home visits were listed on the practice computer system and every visit was also recorded on a separate form so that all necessary details were recorded. These forms were passed to the GP straight away, between patient appointments if necessary, for the GP to assess the urgency of need. In cases where the



# Are services responsive to people's needs?

(for example, to feedback?)

urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. There was a flowchart for staff to ensure that where an emergency response was indicated, staff told patients to telephone 999. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

During our inspection in April 2016, we identified that the practice was not recording patient verbal complaints and that there was no ongoing review of complaints.

At our inspection in December 2016 we saw that both of these issues had been resolved.

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system and there was a poster displayed in the patient waiting area and leaflets available. The practice had reviewed its complaints policy and had introduced two new forms for patients to record any complaint easily if they wished. We were told that these new forms had been shared with a neighbouring practice. The practice discussed any relevant actions resulting from complaints with the patient participation group.

The practice had recorded both written and verbal complaints and had produced a summary sheet for recording all complaints and monitor any trends. We looked at three written and three verbal complaints received since May 2016 and found they had been dealt with in a timely way and with openness and honesty. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, staff were reminded of the surgery policy for issuing fit notes for patients so that accurate information could be given to patients requesting these.

# 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

At our previous inspection we found that the practice was not forward-looking and had no succession plan or any plan to cover clinical staff absence.

When we visited in December 2016, the practice showed us that they had addressed this.

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

- We found that the practice had a common purpose to deliver good, effective care and staff knew and understood the values. All staff had worked to address the issues identified by our last inspection and were proud of what they had achieved.
- The practice had produced a succession plan that allowed for both short and long-term absence of the principal GP and they had plans for further GP recruitment. The practice had also made early stage plans for the long-term future of the practice.

### Governance arrangements

When we inspected the practice in April 2016. We found that the practice did not have clear governance arrangements in place. Concerns we found included:

- There was no clinical cover provided for the nurse's prolonged period of absence.
- Policies and procedures were inadequate and were not made easily available to all staff. There were no practice clinical protocols.
- There was little evidence of audit activity or quality improvement.
- Some patient information was not held securely.
- There was evidence of poor risk management in several areas.

During the inspection in December 2016, we found that the practice had made significant improvements. The practice had an overarching governance framework which

supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice had recruited an additional practice nurse to give better provision of service to patients and who was due to commence in January 2017.
- Practice specific policies were implemented and were available to all staff. All policies were up to date, comprehensive and on the practice shared computer system. The practice had developed clinical protocols which were available to clinicians in all clinical rooms.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Two clinical audits had been undertaken since our inspection and numerous audits of data quality and medicines management. Actions taken as the result of infection prevention and control audit had been documented and addressed.
- Staff had all trained in information governance and we found no evidence of patient information not being held securely.
- There were good arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

During our inspection in April 2016, we found concerns relating to the leadership and culture of the practice. These included:

- There was no comprehensive policy on dealing with patient complaints and patient verbal complaints were not recorded.
- Staff were unclear regarding the reporting of incidents.
- There was no staff training matrix or definition of recommended and mandatory training for staff and provision of staff training was lacking.

During our inspection in December 2016, we found significant improvements had been made in these areas. On the day of inspection the GPs in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GPs were approachable and always took the time to listen to all members of staff.



# Are services well-led?

Good 

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. There was a policy in place outlining the requirements for demonstrating the duty of candour which staff knew and understood. The principal GP encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us 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 and supported in doing so. We noted that the practice funded social events for staff.
- Staff were clear about reporting incidents and knew the process for doing this.
- Staff were supported with a clear training plan and told us that they benefited from this and enjoyed completing the training.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. The GP communication diary in reception had been initiated at the suggestion of a staff member.
- Staff told us that they had felt involved in the work that the practice had done to improve since April 2016. They felt that they had worked well together as a team and were aware of a better environment and culture at the practice.

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

We identified inadequate arrangements for seeking and acting on feedback at our previous inspection. There was no patient participation group (PPG) and little evidence of patient surveys. Staff had not had annual appraisals.

At our inspection in December 2016, we saw that these issues had been addressed.

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 formed a PPG. Initially this group consisted of three members who started meeting in June 2016. They met every fortnight at first to ensure that the group was well established and acting quickly to address problems in the practice. The membership grew and at the time of our inspection consisted of seven members. The practice was continuing to promote the PPG to patients in the waiting area and on the practice website. The practice had gathered feedback from patients through the PPG and through a survey which the PPG had helped to put together, promote with patients and report. The PPG chair had designed badges for PPG members to wear when sitting in the practice to ask patients to complete the survey which clarified the identity of the wearer. The PPG planned to meet at least once a quarter and continue to carry out patient surveys and submit proposals for improvements to the practice management team. We saw evidence of 14 different areas of improvement that had either been resolved or were being actively addressed. For example, as a result of the PPG patient survey, waiting times in the surgery were displayed to patients when they used the automated check-in at Grange Park and a free-standing display of appointment delays was introduced at the Staining branch surgery.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. All staff except two had had an appraisal since our last inspection and we were told that these were scheduled for December. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice produced a seasonal newsletter four times a year.

# Are services well-led?

Good 

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

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice told us that they valued the changes made since our last inspection and intended to ensure that the process of continuous improvement was sustained in the future.