

Park Road Surgery - Brockbank

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to Park Road Surgery - Brockbank	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Park Road Surgery - Brockbank, also known as The Park Road Surgery on 5 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients when interviewed said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Risks to patients were assessed and well managed, except for some medical equipment had not been calibrated within the past twelve months.
- There was no instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from patients and staff, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The area where the provider should make an improvement is to:

- Ensure that equipment used at the practice is calibrated at regular intervals, in accordance with the practice policy.

Summary of findings

- Ensure that adequate arrangements are in place to respond to emergencies and major incidents.
- Ensure the practice improves performance identified in the GP Patient survey (January 2016), relating to access to care and treatment.

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.

- There was no instant messaging system on the computers in any of the consultation or treatment rooms, which alerted staff to any emergency.
- Risks to patients were assessed and well managed, except for the pulse oximeter and doppler not being calibrated within the past twelve months.
- 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.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the local and national average:
- Performance for diabetes related indicators was comparable to the local and national average.
- Performance for mental health related indicators was comparable to the local and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice as comparable to others for several aspects of care.
- Patients when interviewed said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice proactively worked with the local CCG to co-ordinate support for elderly patients requiring additional care and support.
- 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by 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.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- 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.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were comparable to the local and national average, for instance:
- 76% of patients with diabetes on the register had their blood sugar recorded as well controlled (CCG average 77%, national average of 77%).
- 81% of patients with diabetes on the register had a recorded foot examination and risk classification (CCG average 91%, national average of 88%).
- 72% of patients with diabetes on the register had their cholesterol measured as well controlled (CCG 79%, national average 81%).
- 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.

Good



Summary of findings

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 71% of patients diagnosed with asthma had an asthma review in the last 12 months this was lower than the CCG average of 74% and national average of 75%.
- 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.
- 90% of women aged 25-64 had it recorded on their notes that a cervical screening test had been performed in the preceding 5 years; this was higher than the CCG average of 83% and national average of 82%.
- 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 and health visitors.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.
- The practice offered extended opening hours on Monday evenings and Wednesday and Friday mornings.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice was piloting the Rapid Access Team (RAT), a mobile GP service working alongside the dedicated multidisciplinary community team to offer a rapid assessment of, and rapid treatment for, acutely unwell housebound patients.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary 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.

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).

- Performance for mental health related indicators was comparable or lower than the local and national average:
- 86% of patients diagnosed with dementia had a recorded review in a face to face meeting in the last 12 months (CCG average 86%, national average 84%).
- 78% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months, this was much lower than the CCG average of 92% and the national average of 90%.
- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the last 12 months (CCG average 94%, national average 88%).
- The practice regularly worked with multi-disciplinary 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.

Good



Summary of findings

- 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.

Summary of findings

What people who use the service say

The national GP patient survey results published on January 2016 (01/01/2014 – 30/06/2015). The results showed the practice was performing in line with national averages. Two hundred and sixty one survey forms were distributed and 113 were returned. This represented 1% of the practice's patient list.

- 57% found it easy to get through to the surgery by phone, (CCG average 78%, national 73%).
- 76% were able to get an appointment to see or speak to someone the last time they tried, (CCG average 80%, national average 76%).
- 82% described the overall experience of their GP surgery as fairly good or very good, (CCG average 86%, national average 85%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. Patients described their experience at the practice as positive, clinical staff were knowledgeable and caring and non-clinical staff were patient and supportive.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Park Road Surgery - Brockbank

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 Road Surgery - Brockbank

- The Park Road Surgery - Brockbank, also known as The Park Road Surgery, is located in the London Borough of Richmond Upon Thames. The building is situated on a main road. The practice is located on the ground and first floor of a converted residential property. There are eight consulting rooms and a room for baby consultations. There are two toilets; one for patients with disabled access and another for staff. Access to the surgery is via the main front entrance of the building on level flooring and side entrance with automatic doors for wheelchair access, patients with mobility issues were offered an appointment on the ground floor.
- The service is registered with the Care Quality Commission to provide regulated activities of; diagnostics and screening services, treatment of disease, disorder or injury, surgical procedures, maternity and midwifery services and family planning
- Five GP partners (two female and three male) run the practice. The partners are supported by; two salaried GP's and two permanent GP locums, two nurses, one healthcare assistant (HCA), one practice manager and reception staff.

- The GP's at the practice collectively provided 52 clinical sessions a week.
- The practice is open between 08:30am – 6:30pm Monday – Friday. Appointments are available from 8:30am – 6:30pm.
- Extended surgery hours are offered from:
 - 6:30pm – 8:00pm every Monday.
 - 7:00am - 8:00am – Wednesday and Friday
- When the practice is closed patients can call NHS 111 in an emergency or a local out of hour's service.
- The practice has a patient list size of approximately 13,100 patients. The practice is situated in an area which is classified as the tenth least deprived decile. The majority of the patients within the practice are either young or of working age. A small percentage of patients are aged between 65 and 85.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 May 2016. During our visit we:

- Spoke with; GPs (partners and salaried), practice nurse, healthcare assistant, practice manager and reception staff.
- Spoke with four patients.
- Spoke with three PPG members.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 12 comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- 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, a patient collected their repeat prescription and when they collected their medicine found the medicine dose was incorrect. The practice apologised to the patient and investigated the matter. The significant event was addressed in line with the practice policy and was discussed at the next team meeting. The error was also fed back to the other stakeholders.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a 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. 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. 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 and the nurse were trained to child protection or child safeguarding level 3. All non-clinical staff were trained to Safeguarding level 1 with regards to child protection or child safeguarding.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, identified improvements were implemented. For example, following a recent audit non-clinical staff were provided with training to manage the sharps bins. In particular they were trained on how to dispose of the sharps waste.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (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. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from medical staff for this extended role. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The practice had a system for production of Patient Specific Directions (PSD) to enable Health Care Assistants to administer

Are services safe?

vaccinations after specific training when a doctor or nurse were on the premises (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- 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.

Monitoring risks to patients

Risks to patients were assessed and well managed, except for the pulse oximeter and Doppler not being calibrated within the past twelve months.

- 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, except for the pulse oximeter and Doppler not being calibrated within the past twelve months. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was no instant messaging system on the computers in any of the consultation or treatment rooms, which alerted staff to any emergency, the practice, however, confirmed they were in the process of upgrading their computer system to facilitate this.
- 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. 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

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.
- 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 97% of the total number of points available, with 5% 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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 - 2015 showed;

- Performance for diabetes related indicators was comparable to the local and national average:
- 76% of patients with diabetes on the register had their blood sugar recorded as well controlled (CCG average 78%, national average of 78%).
- 81% of patients with diabetes on the register had a recorded foot examination and risk classification (CCG average 91%, national average of 88%).
- 72% of patients with diabetes on the register had their cholesterol measured was well controlled (CCG average 79%, national average 81%).

- The percentage of patients with hypertension having regular blood pressure tests was comparable to the local and national average:
- 84% of patients with hypertension had a last blood pressure reading measuring 150/90mmHg or less in the preceding 12 months (CCG average 83%, national average 84%).
- Performance for mental health related indicators was comparable to the local and national average:
 - 86% of patients diagnosed with dementia had a recorded review in a face to face meeting in the last 12 months (CCG average 86%, national average 84%).
 - 78% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months (CCG average 92%, national average 90%).
 - 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the last 12 months (CCG average 94%, national average 88%).

Clinical audits demonstrated quality improvement.

There had been six clinical audits undertaken within the last two years, two of which were completed audits where the improvements made were implemented and monitored. For example, following an audit looking at the prescribing of Clopidogrel, an oral antiplatelet used to inhibit blood clots in coronary artery disease, peripheral vascular disease, cerebrovascular disease, and to prevent heart attack and stroke. The practice as part of the audit used the medicine increasingly for various indications and variable durations. The result of the audit showed that adherence to the audit criteria was low during the first cycle. However, there was notable improvement during the second cycle, after implementation of the recommendations. Clopidogrel should not be prescribed beyond the recommended period or it should be stopped when the patient remains at risk of cardiovascular disease. As a result of the re-audit 98% of patients had the duration of prescription correctly recorded in their records and had, regular reviews compared to 13% at the beginning of the audit.

Are services effective?

(for example, treatment is effective)

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. All newly appointed non-clinical staff shadowed more senior members of staff for a minimum period of two weeks.
- 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 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.
- 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, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidation for GPs and other clinical staff. All staff had had an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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 that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- 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.
- The process for seeking consent was monitored through records audits.

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, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A dietician was available by referral and smoking cessation advice was available from a local support group.

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

The practice's uptake for the cervical screening programme was 90%, which was higher than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable or above the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 97% (CCG 82.1% to 94%) and five year olds from 76% to 99% (CCG 77% to 94%).

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 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.

All of the 12 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 a member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 85% said the GP was good at listening to them (CCG average of 89%, national average of 88%).
- 78% said the GP gave them enough time (CCG average 86%, national average 86%).
- 88% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).

Care planning and involvement in decisions about care and treatment

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

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

- 86% said the last GP they saw was good at explaining tests and treatments, (CCG average 87%, national average 86%).
- 78% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 81%).
- 86.3% said the last nurse they saw was good at explaining tests and treatments (CCG average 88%, national average 89%).

Staff told us that translation 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.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 150 patients, 1%, of the practice list as carers. Written information was available through the practice's carers' noticeboard 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 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 proactively worked with the local CCG to co-ordinate support for elderly patients requiring additional care and support.

- The practice offered a 'Commuter's Clinic':
- 6:30pm – 8:00pm every Monday.
- 7:00am -8:00am – Wednesday and Friday
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available. Patients with mobility issues were offered appointments on the ground floor of the practice.

Access to the service

- The practice is open between 08:30am – 6:30pm Monday – Friday. Appointments are available from 8:30am – 6:30pm.
- The GP's collectively work 52 clinical sessions a week.
- Extended surgery hours are offered from:
- 6:30pm – 8:00pm every Monday.
- 7:00am -8:00am – Wednesday and Friday
- In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available on the same day for people that needed them.

- When the practice is, closed patients can call NHS 111 in an emergency or a local out of hour's service.

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

- 76% of patients were satisfied with the practice's opening hours (CCG average 73%, national average 78%).
- 57% patients said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).
- 36% patients said they always or almost always see or speak to the GP they prefer (CCG average 36%, national average 36%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, posters were displayed in the waiting area and leaflets were available for patients at the reception desk.

We looked at 18 complaints received in the last 12 months and found that they were satisfactorily handled, dealt with in a timely way which was open and transparent. Complaints were discussed during regular team meetings, lessons were and action was taken to as a result to improve the quality of care. For example, a relative complained about the difficulty they experienced getting the death certificate. The complaint was dealt with in line with the practice policy and was discussed at the next team meeting. Training was provided to relevant staff to ensure they were familiar with the new process.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

The practice had an overarching governance framework, which supported the delivery of the 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.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us 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 the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice 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, the PPG persuaded the practice to change their telephone system so that patients when they call in were put through to the correct team to deal with their query, instead of having one general line for all queries. This was following the results of the most recent GP patient survey.
- The practice had gathered feedback from staff generally 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. 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 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 was piloting the Rapid Access Team (RAT), a mobile GP service working alongside the dedicated multidisciplinary community team to offer a rapid assessment of, and rapid treatment for, acutely unwell

housebound patients. A system whereby a group of GP's in the local area can provide regular home visits for incapacitated patients. The GP would use a laptop during the visit, providing them with full access to patient records. The pilot provides patients with mobility issues regular and prompt access to GP services in the locality. Patients were also able to ask the team questions regarding their care and provide feedback on their experiences.