

Drs Hulme, Wray, Gough and Killough

Quality Report

Westway Medical Centre

Westway

Maghull

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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 Drs Hulme, Wray, Gough, and Killough, also known as Westway Medical Centre on 10 August 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 understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the knowledge and skills to perform their duties. All staff had access to training to support them in their role.

- Patients 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. 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 encouraged all staff and patients to share ideas on how services could be improved. The patient participation group at the practice was active.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

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 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.
- Risks to patients were assessed and well managed.
- We saw that leaders managed new and emerging risks competently, ensuring all staff understood steps to take to uphold safe patient care.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- 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 other health care professionals 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.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We 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 retained the services of a locum nurse who visited patients with learning disabilities, in their own home to perform health checks.
- Patients said they could make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice had implemented a buddy system, whereby reception and admin team members knew patients on each GPs list of those with complex conditions. This helped carers access help quickly and efficiently, when needed.
- 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 with quality and safety as its top priority. The strategy to deliver this vision was regularly reviewed and discussed with all staff.
- Succession planning was in place; from this we could see that clinicians with key skills sets would be in place when more senior partners retired in the coming years.
- Governance and performance management arrangements had been reviewed and took account of current models of best practice.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

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 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.

- The practice offered 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.
- Initiatives the practice signed up to were focussed on the care required. For example older patients could be referred to a virtual ward, managed by community matrons, often avoiding hospital admission. (A virtual ward is a list of patients managed by community matrons in the community; the support from the multi-disciplinary team helps these patients to be managed at home, rather than necessitating a stay in hospital.)
- An acute visiting service was also in operation, which supported the care and management of patients in nursing homes nearby.
- Older patients were screened for risk of frailty
- A system of named GPs for each patient was in place, which we found worked well in practice, providing continuity 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.
- The practice had recruited a pharmacist who conducted medicines reviews and provided advice to patients on how to take medicines correctly to maximise their effectiveness.
- QOF data showed the practice managed the treatment of patients of diabetes well. Achievement was either in line with or above that of the local Clinical Commissioning Group (CCG) average and national averages.
- 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.
- 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 rates for cervical screening were higher than both local and national averages, at 99% of eligible women screened in the preceding five years, compared to the local average of 82% 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, health visitors and school nurses.

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 had taken part in a research project with the Royal Liverpool University Hospital, enabling patients at risk of osteoporosis to access bone density scans, which supported early diagnosis of osteoporosis.
- The practice offered online appointment booking as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice could refer patients to the community health centre at the same site for some contraceptive services that they did not offer directly.
- The practice provides extended hours surgeries one early morning each week from 7am, which alternates between a Tuesday, Wednesday and Thursday. The practice is also open on Saturday morning for pre-booked appointments.
- Midwives, district nurses and health visitors liaised with all clinicians in the shared care of patients within the community.

Good



Summary of findings

People whose circumstances may make them vulnerable

vulnerable.

- 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.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. The practice had retained the services of a former district nurse, who knew some of the patients with severe learning difficulties, well. This nurse could visit patients in their home where they felt more comfortable, to deliver health checks, collect blood samples and offer other health advice.
- The practice informed vulnerable patients and their carers 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.

Good



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).

- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average of 82% and national average of 84%.
- Indicators from QOF showed the practice scored highly for care of patients experiencing poor mental health. For example:
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses, who had a comprehensive, agreed care plan documented in their patient record was 97%, compared to the CCG average of 88% and national average of 88%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses, whose alcohol consumption had been recorded in the preceding 12 months, was 97%, compared to the CCG average of 90% and national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



Summary of findings

- The practice carried out advance care planning for patients with dementia. We were told by the lead clinical partner for mental health at the practice that one area of focus this year, was on the speed and accuracy of dementia diagnosis, to ensure these patients received the care and support they needed
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- There was a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2015. The results showed the practice was performing in line with local and national averages. 254 survey forms were distributed and 115 were returned. This represented the views of just over 1% of the practice's patient list.

- 64% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 70% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 78% of patients described the overall experience of this GP practice as good compared to the national average of 85%).

- 72% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 72% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were positive about the standard of care received. Staff and GPs were praised in the comments, particularly on how the practice was managing to deliver continuity of care for patients. Two comment cards gave less positive feedback. One was around how difficult it was to get through to the practice by telephone, and the other was on the lack of availability of appointments within 48 hours, when matters were not considered urgent.

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

Drs Hulme, Wray, Gough and Killough

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 Drs Hulme, Wray, Gough and Killough

The partnership practice of Drs Hulme, Wray, Gough and Killough, also known as Westway Medical Centre is based in Maghull Merseyside. The practice patient list at the time of inspection was approximately 8,500 patients. The partnership is made up of four partners, two male and two female; Dr Chandra had recently left the practice and CQC will update its records to reflect this.

The practice GPs are supported by two salaried GPs, one male and one female, a female Advanced Nurse Prescriber and two practice nurses, both female. The practice manager is supported by an assistant practice manager and a senior administrator/data/IT lead. The administrative support team is made up of two secretaries, ten administrators/reception staff, and an administrative assistant. A housekeeper is also employed. The practice premises are close to a local supermarket and is served by a number of regular buses. The practice was inspected in February 2014 under the regulations applicable at that time, and was found to be meeting required standards.

The practice is located in a building owned by the partners. This is adjacent to a community health facility, which is a

base for midwives, health visitors, community nurses, phlebotomy services and other health professionals. The premises are fully accessible to disabled patients and all facilities, consulting and treatment rooms are at ground floor level. There is some car parking available immediately outside the building with a number of designated disabled parking bays. There are patient toilets available which are accessible for people with limited mobility. There is also a baby change facility available.

The practice has recently taken on the patients of a neighbouring GP who had retired. Initially this increased the practice list size to 9,000 patients. As a result of problems with IT transfer, the loss of a long serving nurse who chose to retire, and the loss of a full time GP at the time of taking on these extra patients, the practice applied to NHS England to close the practice list to new patients for a period of six months. This had recently been extended to September 2016, when the practice will review the situation again.

Why we carried out this inspection

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 10 August 2016. During our visit we:

- Spoke with a range of staff including three GPs, a practice nurse, an advanced nurse prescriber, two administrative staff, a practice manager and a deputy practice manager.
- We spoke with patients who used the service.
- Observed how staff interacted with patients and talked with carers and/or 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

The practice had 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 shared drive of 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).
- We saw evidence that all staff recognised it was good to report, record and raise awareness when things went wrong. When we reviewed incidents, we saw patients were informed, received reasonable support, truthful information, a written apology.
- Actions to improve processes to prevent the same thing happening again were put in place and information on these shared with all staff.
- The practice carried out a thorough analysis of the significant events and reviewed these annually to check for any trends or themes.

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, we reviewed minutes of both clinical and practice meetings and saw that all staff were informed of, and involved in discussing significant events, any relevant patient safety alerts and any other alerts affecting patient care.

Overview of safety systems and processes

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

- Arrangements 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 were trained to child protection or child safeguarding level three. Nurses were trained to safeguarding level two.

- A notice in the waiting room advised patients that chaperones were available if required. Only clinical staff acted as chaperones and these staff were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice.
- There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- 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. We saw systems in place to manage the collection of prescriptions from the practice; high risk medicines were signed for by the patient or pharmacy service collecting the prescription.
- 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.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent

Are services safe?

Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four 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.

- There were procedures in place for monitoring and managing risks to patient and staff safety.
- The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a 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 enough staff were on duty. We saw that many staff were trained across several duties in the practice, which allowed flexible cover for unplanned absences as well as expected ones.

Arrangements to deal with emergencies and major incidents

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

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

The practice held regular partners meetings, where incident management plans were updated to ensure all key tasks and roles were assigned.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed the needs of patients 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The advanced nurse prescriber and the new practice nurse confirmed that they had protected learning time and time for peer group meetings within the CCG, which supported updates to clinical best practice.

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 showed the practice had achieved 99% of the total number of points available. Across QOF, we saw that levels of exception reporting in clinical domains were in line with that of CCG and national averages. The rate for the practice was 10%. The CCG average rate was 9% and national rate 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed:

Performance for diabetes related indicators was comparable to or better than the CCG and national average. For example:

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 84%. CCG average 82%, national average 78%.

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less, was 76%. CCG average 80%, national average 78%.
- The percentage of patients with diabetes, on the register, who had received an influenza immunisation in the preceding 1 August to 31 March, was 99%. CCG average 95%, national average 94%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) as 5 mmol/l or less, was 87%. CCG average 84%, national average 81%. And;
- The percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification within the preceding 12 months was 92%. CCG average 88%, national average 88%.

Performance for mental health related indicators was in line with or better than the local and national average. For example;

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in their record, within the preceding 12 months, was 97%. CCG average 88%, national average 88%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 97%. CCG average 90%, national average 90%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits, with at least two fully completed cycles in the last two years. We saw the practice had conducted an audit on Ezetimibe which had been through three cycles; this demonstrated that the practice were monitoring these patients and that guidance on prescribing this medication had been adhered to. We saw there had been other audits started by the practice, but these were still at single cycle stage.

Are services effective?

(for example, treatment is effective)

The lead partner at the practice told us that audits had been put to one side whilst they had been tackling staffing and IT issues, which they felt needed addressing immediately.

- The practice participated in local audits, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had taken part in a research programme conducted by the Royal Liverpool University Hospital, giving persons aged 60 and over, access to bone density scans, to promote the early diagnosis of osteoporosis. Any patients found to be at greater risk of this disease, could commence treatment at the earliest opportunity.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The newly appointed practice nurse and advanced nurse prescriber, both spoke highly of the standard of induction they received, and of the support and mentorship provided during their probationary periods
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice were able to demonstrate how they sourced specific training for nurses, through the clinical commissioning group. Any training that was pertinent to a GPs lead area of interest was also well supported by the practice.
- 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 on-going support,

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- All 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 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.
- 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 on-going 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 health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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 patient records audits.

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

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 and alcohol cessation. Patients were signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 99%, which was higher than the CCG average of 82% and the national average of 82%. We did note that the rate of exception reporting for cytology was higher than expected at 24%, compared to the CCG average of 10% and national average of 6%. The practice could not identify exactly why this was, but said it could have been due to them losing a member of nursing staff before a replacement had been recruited and inducted at the practice. 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 ensuring a female sample taker was available and by having staff that were known to patients, for example, for patients with learning disabilities. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 100% and five year olds from 89% 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. We saw that the practice had robust systems of call and recall of patients for these health checks.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients.

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

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

The majority (21) of the patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and that staff were helpful, caring and treated them with dignity and respect. Two comment cards gave less favourable feedback. One commented on the lack of availability of appointments in two to three days' time, and the other negative comment was about how difficult it was to get through to the practice by phone.

We spoke with two members of the patient participation group (PPG). 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 patients 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 achieved scores in line with CCG and national averages for on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.

- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 91% 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%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

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 from the comment cards we received was also largely positive and aligned with these views.

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

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.
- 89% 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%.

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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Are services caring?

- A hearing loop system was in place for patients with hearing difficulties.

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 contacting the practice, when best to call, and on patient support groups was available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 81 patients who

were also carers (slightly less than 1% of the practice list). When we spoke with staff they knew which patients were also carers and explained how they would offer urgent appointments when needed, and how they understood time constraints placed on carers. 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 personalised letter. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs 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. We noted that 14% of the patient register was over 75 years of age; 25% of patients were over 65 years of age. The practice was signed up to an acute visiting service, which provided home visits to patients. GPs providing this service were from the locality, so were familiar with the patients they visited. The practice also referred patients to a 'virtual ward'. This was run by the community matrons, and acted as a step between patients being at home or in hospital. The aim was to manage patients care at home, through good access to community matrons and the practice GPs. This service also supported patients recently discharged from hospital.

- The practice offered a 'Commuter's Clinic' on one weekday each week which rotated between a Monday, Wednesday and Thursday morning, starting at 7am. There was also a Saturday morning clinic where access was by pre-booked appointments for patients.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- 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, and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Through involvement with the practice, the PPG had provided easy rise seats in the waiting room for patients with reduced mobility, and a bench outside the practice in a covered, well-lit area, for patients who were waiting for a taxi or for a family member or carer to collect them. We saw from patient comment cards that this was very much appreciated by some of the practice patients.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.20am to 12.30pm every morning and from 2.30pm to 5.30pm daily, except for Tuesday each week when afternoon surgery started from 1pm and ended at 5.30pm. Extended hours appointments were offered on alternating Monday, Wednesday and Thursday mornings, when appointments were available from 7am. There was a Saturday morning clinic from 9am to 11.30am and these appointments were pre-bookable only. In addition to ordinary, pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

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

- 70% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 64% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice had taken action to try and improve telephone access to the surgery. The phone system advised patients how many people were ahead of them waiting to get through to the practice. Staff had displayed signs in the surgery asking patients to ring after 11am for any test results or general queries. The number of incoming lines to the practice had also been increased within the last 12 months.

People told us on the day of the inspection that they were able to get appointments when they needed them. The only negative comments we received were about getting through to the practice by phone.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The buddy system the practice had in place, meant that carers of patients that were particularly ill, could access a named receptionist who could disturb the GP between appointments if a home visit was needed.

Are services responsive to people's needs?

(for example, to feedback?)

In cases where the 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. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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 in waiting areas and on the practice website.

We looked at nine complaints received in the last 12 months and found these were handled in line with the practice complaints policy, dealt with in a timely way and that the practice showed openness and transparency with dealing with the complaints. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken to as a result to improve the quality of care.

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 staff knew and understood the values of the practice and shared in the vision to provide all patients the highest standards of care, treatment and support.
- The practice had a robust strategy and supporting business plans which reflected the vision and values. These were regularly re-visited and updated.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This 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
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

We saw that the practice had experienced problems during a recent move to a new computerised patient records system. Leaders had investigated the issues raised by the data transfer, which appeared to be incomplete. As a result, an action plan had been put in place to mitigate risk. Staff had been assigned duties designed to bring all patient information together accurately, and to ensure that all relevant clinicians had access to this. This had created a considerable amount of work for the practice, who continued to work with the IT provider and the local CCG to ensure patient records were maintained accurately and safely.

Leadership and culture

On the day of inspection the partners 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 partners were approachable and listened to all members of staff, encouraging them to share ideas on how services could be improved.

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 training for all staff on communicating with patients about notifiable safety incidents. The partners 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.
- 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.

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. The PPG met regularly, carried out patient surveys and submitted

Are services well-led?

Good 

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

proposals for improvements to the practice management team. For example, by volunteering at the practice to get more insight of how the practice worked on a day to day basis.

- 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. We saw how one staff member, who had experience of working in a specialist hospital department, suggested changes to the way patients were referred to specific specialists. At the time of our inspection, the information gathering on this was incomplete; however if results came out as expected, it would mean that patients from the practice would have been seen by specialists more quickly than those patients referred on ordinary referral letters which did not specify the speciality of the clinics/specialist concerned. This had represented a very simple idea brought from one healthcare setting to another, which leaders were happy to try.

Continuous improvement

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. The practice were involved in research projects with other organisations, such as the Royal University Hospital, Liverpool, which could help diagnose cases of osteoporosis much earlier. We saw that a number of audits within the practice were on-going, for example, the practice carried out a mortality review; findings of this were shared with all clinicians at the practice, and encouraged GPs to think about patient's wishes on final place of care. We saw that plans for the future of the practice were given a high level of consideration, in line with the needs of the patients. For example, we saw that a new GP would be responsible for reviewing quality within the practice and had a strong background to equip them for this role. The practice placed high importance on continuity of care and recognised this as a big contributor to quality patient care.