Mather Avenue Surgery

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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mather Avenue Surgery on 19 May 2016. Overall the practice is rated as good.

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

- The practice was in the middle of a refurbishment programme. Some rooms had recently been refurbished but some patient facilities, including disabled facilities, were yet to be completed.
- There were systems in place to mitigate safety risks including analysing significant events and safeguarding.
- Patients' needs were assessed and care was planned and delivered in line with current legislation.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had a mixture of appointments available including an open access service every morning, telephone consultations and pre-bookable appointments.
- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service; including carrying out regular surveys and having a patient participation group (PPG) and acted, where possible, on feedback.
- The practice team had a good skill mix with GPs having a range of clinical expertise. The practice encouraged career progression. Staff worked well together as a team and all felt supported to carry out their roles. The nurse clinician took a lead role for revalidation of nurses for Liverpool and had been nominated for the Nursing Times Lead Nurse award.
- Some staff took an active role in various projects to improve lifestyle and health outcomes for the Liverpool population. For example, co-ordinating care between primary and secondary services for children suffering asthma.

There were outstanding elements of practice:

- All urgent dermatology referrals under the two week rule received a second opinion from another GP to reduce any unnecessary referrals.

Summary of findings

- The practice had a diverse system for appointments including an open access system every morning and patients were offered a GP of their choice. The practice recognised that it was impractical to expect very young children to wait and had a designated time slot every morning for them to attend. All GPs, including the trainee GP, met after the open access clinic to discuss house visits to ensure continuity of care and any clinical queries. In the afternoon there was an on call GP who dealt with all urgent cases.

- The practice dedicated one session a week for one of the GP partners to work on quality improvement. Quality improvements included, communications with patients, staffing, premises, medicines management and computing skills.

However, there were areas where the provider should make improvements.

The provider should:

- Revise their complaints protocol to include the correct details of who patients should contact if they are not satisfied with the outcome of any investigation by the practice for a complaint.

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?

Good

The practice is rated as good for providing safe services. The practice took the opportunity to learn from internal incidents and safety alerts, to support improvement. 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.

There were systems, processes and practices in place that were essential to keep patients safe including medicines management and safeguarding.

Are services effective?

Good

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Clinical audits demonstrated quality improvement. Staff worked with other health care teams. Staff received training suitable for their role.

Are services caring?

Good

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. 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 by using the open access times.

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.

Are services well-led?

Good

The practice is rated as good for being well-led. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.

Summary of findings

The practice proactively sought feedback from staff and patients and had an active patient participation group. Staff had received inductions and attended staff meetings and events. Career progression was supported.	

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

Good

The practice is rated as good for providing services for older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits and care home visits. The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for the over 75s and in addition a named GP for patients in care homes.

People with long term conditions

Good

The practice is rated as good for providing services for people with long term conditions. The practice had registers in place for several long term conditions including diabetes and asthma. Longer appointments and home visits were available when needed. All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for providing services for families, children and young people. The practice had an allocated time of day within their open access appointment system to see younger children with urgent medical conditions. All staff were knowledgeable regarding their safeguarding responsibilities.

The practice tried to engage younger patients by using various communications such as Twitter and Facebook and also engaged with mothers' support groups.

Working age people (including those recently retired and students)

Good

The practice is as rated good for providing services for working age people. The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, for example there were online systems available to allow patients to make appointments.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for providing services for people whose circumstances make them vulnerable. The practice

Summary of findings

held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability.

Good

People experiencing poor mental health (including people with dementia)

The practice is rated as good for providing services for people experiencing poor mental health. Patients experiencing poor mental health received an invitation for an annual physical health check. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically. The practice had an in house mental health counsellor. One of the GPs was the mental health lead and the practice was commissioned to provide specialist GP support to a community facility for patients experiencing long term mental health conditions.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 (from 120 responses which is approximately equivalent to 1% of the patient list) showed the practice was performing in line with local and national averages in certain aspects of service delivery. For example,

- 92% said the GP gave them enough time (CCG average 90%, national average 87%).
- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.

However, some results showed below average performance, for example,

- 48% said they usually waited 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 65%)
- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.

In terms of overall experience, results were comparable with local and national averages. For example,

- 84% described the overall experience of their GP surgery as good (CCG average 87%, national average 85%).
- 77% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards, all of which were very complimentary about the service provided. Patients said they received an excellent, caring service and patients who more vulnerable were supported in their treatment. We reviewed information from the NHS Friends and Family Test which is a survey that asks patients how likely they are to recommend the practice. Results from February to April 2016, from 15 responses showed that patients were either extremely likely or likely to recommend the practice and one response said unlikely.

Mather Avenue Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included GP and practice manager specialist advisors.

Background to Mather Avenue Surgery

Mather Avenue Surgery is based in a more affluent area of Liverpool. There were 9000 patients on the practice register at the time of our inspection. Approximately 50% patients had a long term condition and there were a greater proportion of elderly patients.

The practice is a training practice managed by five GP partners (three male, two female). There are three salaried GPs and a trainee GP. There are three practice nurses, two health care assistants and a nurse clinician. Members of clinical staff are supported by a practice manager, reception and administration staff.

The practice is open 8am to 6.30pm every weekday and operates an open access clinic between 8.30am and 10am every morning. The practice has a specific open access system for the under three's and the elderly. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, provided by Urgent Care 24 by calling 111.

The practice has a Personal Medical Services (PMS) contract and has enhanced services contracts which include childhood vaccinations. The practice is commissioned to provide specialist input for palliative care beds in a local nursing home and also to provide specialist input at a community hospital for patients suffering long term mental health conditions.

Why we carried out this inspection

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

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

How we carried out this inspection

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:

Detailed findings

- 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)

The inspector :-

- Reviewed information available to us from other organisations e.g. the local clinical commissioning group.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 19 May 2016.
- Spoke to staff and representatives of the patient participation group and a mothers' support group.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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.

Good

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 an incident recording book at reception. Incidents were reviewed on a weekly basis and if any were significant they were recorded on a specific form. The significant event 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 when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed incident reports 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.

The practice had a safety alert protocol to make sure information from any alert was cascaded to the team and dealt with appropriately.

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 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. The practice liaised with the local health visitors to discuss any children at risk.
- Notices in consultation rooms advised patients that chaperones were available if required. However, we did not see any information about the chaperone service in the waiting room. All staff who acted as chaperones 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 was in the middle of a refurbishment programme. Some rooms had recently been refurbished but some patient facilities were yet to be completed. Some cabling around GP's desks needed to be tidied up in one of the rooms recently refurbished. The practice assured us this would be rectified.
- There were cleaning schedules, and an infection control protocol in place and staff had received up to date training. The practice undertook monthly infection control monitoring and also audits were undertaken by the local infection control team. We saw evidence that action was taken to address any improvements identified as a result. There were spillage kits and arrangements for appropriate clinical waste disposal. We did see that some sharps boxes in two of the consultation rooms were on the GP's desk and easily accessible to a child. These were moved to a safer place during the inspection.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commission group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had access to local prescribing guidelines ('map of medicine'). Blank prescription forms and pads were securely stored and

there were systems in place to monitor their use. Emergency medications and vaccinations were monitored for expiry dates and a sample we looked at was in date.

- 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 DBS. However, some staff had been at the practice for many years and some written references were not available on file.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and had previously carried out a fire drill. 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 legionella risk assessment (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.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training. There were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and childrens' masks. A first aid kit and accident book was available.
- Staff gave us examples of how they had previously dealt with medical emergencies and had afterwards met as a team to discuss whether improvements were required to how they responded.
- 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.

Good

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. One of the GPs regularly reviewed NICE guidance to keep all clinical staff up to date.

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.

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 and held regular meetings to discuss performance. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had systems in place to ensure they met targets and the most recent published results were 99% of the total number of points available. The practice also worked towards meeting local key performance targets.

The practice had identified that they were a high prescriber for certain types of antibiotics and as a result had carried out audit work with the local medicines management team and reduced their prescribing rates significantly. The practice was also signed up for an 'antibiotic guardian research trial'.

The practice carried out a variety of audits that demonstrated quality improvement. For example, medication audits and clinical audits. One two cycle clinical audit was about vitamin B12 levels for patients with diabetes taking the medication Metformin. As a result of the audit, routine testing for vitamin B12 and folate levels were introduced for these patients. Further improvements could be made by carrying out more two cycle audits.

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 infection prevention and control, fire safety, health and safety and confidentiality. We observed the reception team worked well together and that senior staff members were taking time to mentor and support staff in new roles.
- 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. Training included: safeguarding, fire procedures and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules. Staff had protected learning time.
- Staff told us they were supported in their careers and had opportunities to develop their learning. For example, two receptionists had trained to become health care assistants. Clinicians attended training courses for their own personal development but shared information with the rest of the team. The practice was taking on a student nurse and an additional GP was becoming a GP trainer. We received very positive feedback from the trainee GP regarding their training experience and all GPs confirmed that there were good systems in place for shared learning.

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.
- All urgent dermatology referrals under the two week rule received a second opinion from another GP.

Staff worked together and with other health and social care services to understand and meet the range and complexity

Good

Are services effective?

(for example, treatment is effective)

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.

The practice was commissioned to provide specialist input for palliative care beds in a local nursing home and also to provide specialist input at a community hospital for patients suffering long term mental health conditions.

The GPs worked with local drugs counsellors and reviewed cases to ensure physical health checks for these patients. GPs also liaised with a local alcohol cessation service ('Transforming Choice'). The practice had a visiting mental health counsellor and an appointed social worker.

Some staff took an active role in various projects to improve lifestyle and health outcomes for the Liverpool population. For example, co-ordinating care between primary and secondary services for children suffering asthma.

The practice participated in other local projects such as telehealth to monitor patients and telecare (a falls prevention scheme).

Consent to care and treatment

Patients' consent to care and treatment was sought 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. GPs were aware of the relevant guidance when providing care and treatment for children and young people.

Supporting patients to live healthier lives

The practice had provisions of lifestyle information protocol for its staff to promote lifestyle behaviour and advice available for patients. This included patients who required advice on their diet, benefits of exercising, smoking and alcohol cessation. Patients were then signposted to the relevant service or referred to the in house health trainer.

Childhood immunisations had been carried out by the local immunisation team up until March 2016. Practice nurses had attended training to take over this role and the practice had recruited an IT facilitator to help with the administrative work. The practice actively encouraged patients to attend for screening, by sending reminders and telephoning patients. The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 82% which was in line with the national average of 82%.

Good

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. We observed reception staff maintaining patient confidentiality at the reception desk. GPs went in to the waiting room to greet their patients personally as opposed to using a tannoy system.

Results from the national GP patient survey published in January 2016 (from 120 responses which is approximately equivalent to 1% of the patient list) showed patients felt they were treated with compassion, dignity and respect. Results were comparable with local and national averages. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 92% said the GP gave them enough time (CCG average 90%, national average 87%).
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 86% said the last nurse they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 87% said they found the receptionists at the practice helpful (CCG average 88%, national average 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. 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 comparable with local and national averages. For example:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 80% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%)
- 85% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%)

Staff told us that telephone translation services were available and there were large print patient information leaflets.

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. For example, drug and alcohol cessation support, smoking cessation support. There was also information available on a range of medical issues including cancer and Alzheimer's disease.

The practice had a register of carers (396 patients were registered).The practice's computer system alerted GPs if a patient was also a carer. Carers were offered additional services for example the flu vaccination. Information was available in the waiting room on a dedicated noticeboard to direct carers to the various avenues of support available to them.

In addition, the practice website had good information for patients including for carers and for patients in times of bereavement. Staff told us the practice would contact patients experiencing bereavement to ascertain if further support was required and send sympathy cards.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups. For example;

- There were longer appointments available for people with a learning disability or when interpreters were required.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.

Access to the service

The practice telephone lines are open 8am to 6.30pm every weekday. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, provided by Urgent Care 24 by calling 111. The practice had a mixture of appointments available including, an open access service every morning, telephone consultations and pre-bookable appointment. The open access clinic was between 8.30am and 10am every morning. The practice had a specific open access system for the under three's and the elderly. Patients could request a GP of their choice or male/female GP on the understanding that they may have to wait slightly longer if that particular GP was very busy.

Results from the national GP patient survey published in January 2016 (from 120 responses which is approximately equivalent to 1% of the patient list) showed that patient's satisfaction with how they could access care and treatment were lower than local and national averages. For example:

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 75% of respondents were able to get an appointment to see or speak to someone last time they tried (CCG average 85%, national average 85%).
- 66% of patients described their experience of making an appointment as good (CCG average 76%, national average 73%).
- 76% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 48% said they usually waited 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 65%).

The practice was aware of the low patient satisfaction rates and had completed further survey work to ensure patients were happy with the appointment system provided. They found the majority of patients were, but accepted some did not like to sit and wait to be seen. The practice monitored its appointment systems on a monthly basis. The practice had encouraged patients to use online booking services and there was a high uptake (approximately 1000 patients).

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in a practice information leaflet at the reception desk. The complaints policy clearly outlined a time frame for when the complaint would be acknowledged and responded to but did not have the correct details of who the patient should contact if they were unhappy with the outcome of their complaint.

The practice received very few written complaints but when they did, they were discussed at staff meetings. We reviewed a log of previous complaints and found written complaints were recorded and written responses included apologies to the patient and an explanation of events.

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 described their purpose as 'to provide the best possible quality care for our practice population '.

The practice partners met on an informal basis to discuss business plans and there was a practice development plan. The staff worked well together as a team and strove to be best they could.

Governance arrangements

Evidence reviewed demonstrated that the practice had:-

- A clear organisational structure. Staff had lead roles that reflected their skills for example one of the GPs was the mental health lead.
- An overarching clinical governance policy and practice specific policies that all staff could access on the computer system or in paper format.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. Meetings were planned and regularly held including: daily clinicians meetings, monthly protected learning events, regular formal clinicians meetings, administration meetings and whole practice events twice a year. Other meetings included: palliative care meetings with other healthcare professionals. Minutes of meetings were available for all staff (with the exception of the daily clinician's meetings).
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous quality improvement including the use of audits which demonstrated an improvement on patients' welfare. For example, medication audits and clinical audits.

Leadership, openness and transparency

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 that there was an open culture within the practice and they had the opportunity to raise any issues with the practice manager or GPs and felt confident in doing so. The practice had a whistleblowing policy and all members of staff were aware of this.

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 when possible.

- The practice worked with their patient participation group to make improvements. For example, they were trying to improve disabled access to the roadside by the building and to improve the signage for the practice.
- The practice used the NHS Friends and Family survey to ascertain how likely patients were to recommend the practice and had received very positive feedback. The practice also conducted surveys.
- The practice tried to engage younger patients by using various communications such as Twitter and Face Book and also engaged with mothers' support groups.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice encouraged feedback from staff. For example, in engaging them in discussion for improvements to refurbishing the reception and how improvements could be made when any complaints were received.

Continuous improvement

There was a strong improvement culture within the practice whereby members of staff were encouraged in

Are services well-led?

Good

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

their career progression. The practice team took an active role in locality meetings. Clinicians kept up to date by attending various courses and events. The nurse clinician took a lead role for revalidation of nurses for Liverpool and had been nominated for the Nursing Times Lead Nurse award.

The practice dedicated one session a week for one of the GP partners to work on quality improvement. Quality improvements included, communications with patients, staffing, premises, medicines management and computing skills.