

Aughton Surgery

Inspection report

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Aughton
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Date of inspection visit: 07/08/2018
Date of publication: 13/09/2018

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 location

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous rating March 2016 – Good)

The key questions at this inspection are rated as:

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced focused inspection at Aughton Surgery on 7 August 2018. This was in response to concerns raised. We inspected two key questions across all population groups.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- Patients found the appointment system generally easy to use and reported that they were able to access care when they needed it.

- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **should** make improvements are:

- Take action to respond to patient feedback on NHS Choices.
- Develop the Patient Participation Group to represent the needs of the locality.
- Continue to improve access to routine appointments.
- Continue to improve communications and teamwork using teambuilding events.

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection was conducted by a Care Quality Commission (CQC) inspector.

Background to Aughton Surgery

Aughton Surgery is a semi-rural practice situated on Town Green Lane in Aughton on the outskirts of Ormskirk. The practice is housed in a converted telephone exchange building and delivers primary care services to a patient list of 6000 patients via a General Medical Services (GMS) contract with NHS England. The practice is part of NHS West Lancashire Clinical Commissioning group (CCG).

Patients requiring a GP outside of normal working hours are advised to call Out of Hours West Lancashire GP Services.

The practice is staffed by three GP partners (two male and one female) and one female salaried GP. The GPs are supported by an advanced nurse practitioner, a clinical pharmacist, two practice nurses (both female), and a health care assistant (HCA). The clinical staff are supported by a practice manager and a team of administration and reception staff. The practice is a training practice for fourth year medical students.

The average life expectancy of the practice population is above local averages, with males on average living to 81 years and females to 83 years (CCG average being 79 and 82.5 years respectively, national averages being 79 and 83 years). The practice's patient population consists of a higher proportion of older people, 12% being over the age of 75 (CCG average 9.8%, national average 7.8%) and 19% of the practice population is under 18 years (CCG average 18.9%, national average 20.8%). Information published by Public Health England rates the level of deprivation within the practice population group as ten on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

Regulated activities delivered are diagnostic and screening, treatment of disease, disorder or injury & maternity and midwifery procedures.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services .

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability. The health care assistant visited patients aged over 75 in their homes to assess their social and medical needs.
- New patients who lived in care homes were visited to establish a care plan and to avoid subsequent hospital admissions.
- There was a medicines delivery service from the local pharmacy for housebound patients.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the multidisciplinary team including district nurses, palliative care team, community matron, community cardiac nurse and a member of the wellbeing service to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Practice staff met with the health visitor quarterly and the midwife held weekly clinics at the practice which meant any concerns were discussed and managed.

Working age people (including those recently retired and students):

Are services responsive to people's needs?

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours were available until 8pm at the practice on Tuesday and evening and weekend appointments were available from the local Extended Hours service.
- The appointment system had been changed to improve access to pre-bookable appointments and reduce problems with telephone access.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. A member of the patient participation group (PPG) had family members with a learning disability and kept practice staff updated about the latest resources and aware of people's needs.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Concerns that patients diagnosed with depression were not attending for follow up appointments had led to prescriptions being reviewed on a monthly basis.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were managed appropriately. Staff were aware that patients might wait up to three weeks for a routine appointment. However urgent appointments were available on the day or the next day.
- Patients with the most urgent needs including children and older people had their care and treatment prioritised.
- Patients reported that the appointment system was generally easy to use, however telephone access could be difficult early in the day. Online access to appointments was available, again the wait for a routine appointment was three weeks.
- The practice's GP patient survey results were above local and national averages for questions relating to access to care and treatment, in particular for being able to get an appointment with a GP or nurse and for positive responses to the overall experience of making an appointment.
- Feedback on access given by patients on NHS Choices was not responded to consistently.
- Practice staff monitored availability of appointments every day and opened up pre-bookable appointments when demand for urgent appointments was high.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and has produced a five-year business plan to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients and patients felt they made considerable efforts to achieve this.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations and professional mentorship. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff. Practice leaders valued their staff and acted to keep stress to a minimum.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams and staff felt there was good teamwork.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care. Protocols were produced to guide staff where concerns were identified.

Are services well-led?

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was a small but active patient participation group who had worked with the practice to undertake a survey of patient satisfaction. At the time of the inspection the members were mainly older people.
- The service was transparent, collaborative and open with stakeholders about performance. We saw evidence of valued collaborative working.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.

Are services well-led?

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. However, the whole team rarely spent time together due to the pressures of keeping the practice open to patients.

Please refer to the evidence tables for further information.