

# Townfield Health Centre

## Quality Report

Townfield Close

Prenton

Merseyside

CH43 9JW

Tel: 0151 488 7511

Website: [www.townfieldmedical.co.uk/](http://www.townfieldmedical.co.uk/)

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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 Townfield Health Centre on 19 September 2017. Overall the practice is rated as good.

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

- There were systems in place to mitigate safety risks including reviewing significant events and dealing with safeguarding.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
  - Patients' needs were assessed and care was planned and delivered in line with current legislation.
- Patients said they were treated with care, compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and feedback.

- Appointments were accessible, with extended hours opening for pre bookable appointments at the weekend.
- Patients said they had seen an improvement in access to the service since October 2016.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
  - The practice had arrangements to respond to emergencies and major incidents.
- There was a clear leadership structure and staff felt supported by management. The practice sought patient views about improvements that could be made to the service; including having an active patient participation group (PPG) and acted, where possible, on feedback.
  - Staff worked well together as a team, knew their patients well and all felt supported to carry out their roles.
- The provider was aware of the requirements of the duty of candour.

We saw an area of outstanding practice:

# Summary of findings

- The practice had implemented a unique, innovative performance management dashboard, in part, as a response to patient feedback to improve access and also to monitor and respond rapidly to staffing, safety and clinical issues. This dashboard provides live information across the Wirral hub for the provider. As well as addressing concerns regarding access, monitoring of staff scheduling and QOF performance, it serves as information to staff as to how well each practice is performing and acts to

incentivise performance. We saw that improvements had been made to access as a direct result. Improvements in staffing resources and clinical performance was also seen.

There was an area of practice where the provider needs to make improvements and the provider should:

- Review the system for reviewing significant events and complaints on a regular basis in order to identify themes and trends and learn from these.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- We found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- There were systems in place to reduce risks to patient safety. For example, health and safety related checks were carried out on the premises and on equipment on a regular basis.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- Required pre-employment checks had been carried out to ensure staff suitability for the sample of staff we looked at.
- We observed the premises to be clean and tidy. There were cleaning schedules in place and infection control policies and protocols supported procedures for minimising the risks.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.
- QOF performance was monitored and areas targeted for action as needed and as indicated on the performance management dashboard.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Patient comments indicated that patients were treated with care, compassion, dignity and respect and they were involved in decisions about their care and treatment.

# Summary of findings

- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice provided counselling services specifically for carers.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and used this understanding to meet the needs of its population. For example it understood the needs of the vulnerable population and tailored services to the needs of this population group.
- The practice had good facilities and was well equipped to treat patients and meet their individual needs.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer, those at the end of their life and patients living with dementia.
- A range of appointments were provided to meet the needs of patients, including booking on line, pre bookable up to four weeks in advance, on the day, emergency appointments, weekend appointments and home visits.
- Access to appointments and to the practice had improved since last year and notably since the introduction of the new telephone system (call management solution) and performance management dashboard.
- Information about how to complain was available and evidence from the example reviewed showed the practice responded to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. Governance and performance management arrangements were proactively reviewed using their unique performance management dashboard (Wirral Hub).
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback was acted on in an innovative and forward thinking way.
- The practice engaged with the patient participation group who were valued and felt listened to.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits, extended appointments and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, carrying out over 75's health checks, fall prevention assessments and Flu vaccinations for the elderly. An increase in uptake of flu vaccinations had been noted since this provider had taken over provision of GP services at this practice.

### People with long term conditions

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

Good



- The practice nurse specialised in long-term/chronic disease management and patients at risk of hospital admission were identified as a priority. As part of this they provided regular, structured reviews of patients' health.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required regular checks received these.

# Summary of findings

- There was a system to recall patients for 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.
- The practice held regular multi-disciplinary meetings to discuss patients with complex needs and patients receiving end of life care.
- Longer appointments and home visits were available for patients with long term conditions when these were required.
- Patients with multiple long term conditions could be offered a single appointment to avoid multiple visits to the surgery.

## Families, children and young people

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

- From the sample of documented examples we reviewed 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 and ensuring the welfare of children in single parent families if a parent became unwell.
- Appointments were available outside of school hours and the premises were suitable for children and babies, for example there was a private room where mothers could breast feed.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

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 practice had a high proportion of working age (63%) of their patient population.

- The needs of these populations 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, telephone consultations, extended opening hours with pre bookable appointments available at the weekends.

Good





# Summary of findings

- The practice was proactive in offering online and text messaging services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had improved its uptake of cervical smear testing from 75% (2014/2015) to 79% for 2016/2017, this latest result being unverified and not yet published.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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. They provided evidence of meeting these responsibilities.

## 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).

Good



- The practice held a register of patients experiencing poor mental health.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.

## Summary of findings

- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2017 for the period of March 2016 – January 2017. TCG Medical Services Limited took over the provision of GP services at this practice in October 2016 and registered as the new provider with CQC at this location in March 2017. The results showed the practice was performing below local and national averages in a number of areas. 304 survey forms were distributed and 136 were returned. This represented 2 % of the practice's patient list.

- 76% of patients described the overall experience of this GP practice as good compared with the CCG average of 90% and the national average of 85%.
- 62% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.
- 87% of patients said they found the receptionists helpful compared to the CCG average of 90% and the national average of 87%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards, the majority 18 out of 25 were positive about the standard of care received.

Comments included that the practice provided a good service, with staff who go out of their way to help. They said they were treated with respect, always listened to and received good care and treatment.

Five out of the 25 provided mixed feedback and said that the service was good but identified areas for improvement and two out of 25 only identified areas for improvement. With regards to improvements, four patients indicated they had difficulty getting through on the phone for an appointment; however one said they had seen a huge improvement in getting appointment during 2017.

We spoke with three patients during the inspection including members of the patient participation group (PPG). They were very satisfied with the care they received and said that there had been improvements in getting through to the surgery by phone and there were no difficulties in getting an appointment.

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. In June, July and August 2017, 355 patients responded and an average of 80% said they were either 'extremely likely' or 'likely' to recommend the practice.

We reviewed information from the practice's own survey conducted by the PPG this year. Results were positive and aligned with other survey results and feedback received.

## Areas for improvement

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

- Review the system for reviewing significant events and complaints on a regular basis in order to identify themes and trends and learn from these.

## Outstanding practice

- The practice had implemented a unique, innovative performance management dashboard, in part, as a response to patient feedback to improve access and also to monitor and respond rapidly to staffing,

safety and clinical issues. This dashboard provides live information across the Wirral hub for the provider. As well as addressing concerns regarding access, monitoring of staff scheduling and QOF

## Summary of findings

performance, it serves as information to staff as to how well each practice is performing and acts to

incentivise performance. We saw that improvements had been made to access as a direct result. Improvements in staffing resources and clinical performance was also seen.

# Townfield Health Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

## Background to Townfield Health Centre

Townfield Health Centre is registered with the Care Quality Commission to provide primary care services. The practice provides GP services for approximately 6070 patients living in Wirral and is situated in a purpose built medical centre. The practice has two female and three male GPs, one advanced nurse practitioner, two practice nurses, a healthcare assistant, administration and reception staff and a practice management team. Townfield Health Centre holds an Alternative Primary Medical Services (APMS) contract with NHS England.

The practice is open Monday - Friday 8am - 6.30pm, with extended hours for pre bookable appointments on Saturday and Sunday 9am – 11am. Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, on the day appointments, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of Wirral Clinical Commissioning Group (CCG) and is situated in a more deprived area. The practice population is made up of higher than average patients

aged over 65 years 19% compared with 14.5% locally (CCG) and 16.5% (nationally), and lower than average numbers of patients aged under 14 years 18% compared with 20.8% locally (CCG) and 17.3% nationally.

There are a very small number of patients who require interpreter services and the practice cares for some patients who live in a care home.

The practice does not provide out of hours services. When the surgery is closed patients are directed to the GP out of hour's service provider (NHS 111). Information regarding out of hours services was displayed on the website and in the practice information leaflet.

## 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.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, including NHS England and the local Clinical Commissioning Group, to share what they knew. We carried out an announced visit on 19 September 2017. During our visit we:

# Detailed findings

- Spoke with a range of staff (including the practice manager, GPs, advanced nurse practitioner and administration and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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.
- Looked at information the practice used to deliver care and treatment plans.

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 living with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough review of individual significant events and reported on them in the annual report. However they did not carry out an annual or more frequent overall review in order to identify themes or trends. Patient safety alerts were received and disseminated to relevant staff and we saw evidence of action documented where relevant.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice.

### Overview of safety systems and processes

The practice had systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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 were lead members of staff for safeguarding. We found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, other clinical staff level two and reception and administration staff had level one training.
- A notice in the waiting room advised patients that chaperones were available if required. Staff had been trained for the role of chaperone 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 monitored the standards of cleanliness and hygiene.

- There were cleaning schedules in place and monitoring systems to check these were adhered to. However we noted that there was no waste bin in the emergency equipment room. This was brought to the attention of the practice manager. There was an infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC policy and protocols and staff had received update training. Six monthly IPC audits were undertaken and action was taken to minimise any identified risks.
- The arrangements for managing emergency drugs and vaccinations, in the practice kept patients safe. Vaccines were securely stored, were in date and we saw the fridge was checked daily to ensure the temperature was within the required range for the safe storage of vaccines. Patient Group Directions were in place to ensure they were given safely.
- There were processes 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 commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were securely stored. A system was in place to record the receipt and allocation of handwritten prescriptions.

## Are services safe?

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health (COSHH) and infection control. A Legionella risk assessment had been completed and water temperature monitoring was in place. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for the practice

and across the organisation with sister practices to ensure enough staff were on duty to meet the needs of patients, this included GPs, practice nurses, administration and a management team.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice clinicians kept up to date with these guidelines and an overarching framework to manage and monitor NICE guidelines practice wide had been developed.

### 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 results were 96% of the total number of points available. The data is based on the 2016/2017 results from the practice, however these results are not yet verified or published. The practice used the innovative performance management dashboard to monitor its performance against QOF indicators continuously in order to improve and achieve better outcomes.

There was evidence of quality improvement including clinical audit. There was a structured approach to the management of quality improvement and the practice proactively identified audits in response to:

- Local and national priorities
- Change in guidelines
- Significant events
- Following educational meetings

Audits included for example, compliance with NICE guidelines on the treatment and prevention of vitamin D deficiency, cervical smears, coding of chronic kidney disease and medicines management audits. An audit

program was seen and other audits had been commenced but not fully completed these included oral supplements in adults and using Calcium and Vitamin D supplements for people with osteoporosis.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and those monitoring anticoagulation drug therapies.
- 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, access to online training facilities and support for revalidating GPs and nurses.
- 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.

# Are services effective?

## (for example, treatment is effective)

- We found that 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. Information was shared between services, with patients' consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The practice had a register which tracked each patient, and the clinical staff discussed the needs of all end of life patients and patients with a life limiting illness or newly diagnosed cancer each week.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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 and sexual health.

The practice's uptake for the cervical screening programme was 79% for 2016/17, and around the national average of 80%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

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.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex if requested.

Most of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service, staff were helpful, caring, listened to them and treated them with dignity and respect.

We spoke with three patients, two of whom were also members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The national GP patient survey results were published in July 2017 for the period of March 2016 – January 2017. TCG Medical Services Limited took over the provision of GP services at this practice in October 2016 and registered as the new provider with CQC at this location in March 2017. The practice performance varied for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.

- 88% of patients said that the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 85%.

This was attributed to a period of transition from the previous provider to the new provider and a change of GP staff. The practice had an action plan to address the lower scoring indicators of the survey.

Satisfaction with care and treatment by nursing staff was around average:

- 97% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 94% and the national average of 91%.
- 99% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 93% and the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared with the CCG average of 92% 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, supported by staff and were given sufficient time during consultations to make an informed decision about the choice of treatment available to them. The positive patient feedback from the comment cards we received aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their

## Are services caring?

involvement in planning and making decisions about their care and treatment. Results for consultations with GPs were lower than and around the local and national averages. Results for consultations with nurses was higher than or around the averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 82%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 93% and the national average of 90%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that interpretation 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.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.)

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website and carers were referred to care support agencies by the practice. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 117 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support, for example health checks and flu vaccinations. The practice provided a counselling service specifically for carers.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Patients we spoke with confirmed that they had received good bereavement care and support from the practice and its staff.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- It offered access to extended hours with pre bookable appointments at a weekend.
- 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and on-going conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities, which included disabled toilet facilities, a hearing loop, and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Pre bookable appointments were available on Saturday and Sunday between 9am and 11am. In addition to pre-bookable appointments that could be booked up to four weeks in advance, on the day and urgent appointments were also available for patients that needed them.

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

- 64% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 82% and the national average of 76%.

- 43% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 70% of patients said their last appointment was convenient compared with the CCG average of 94% and the national average of 92%.
- 62% of patients described their experience of making an appointment as good compared with the CCG average of 79% and the national average of 73%.
- 37% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 58%.

In response to the lower than average results in the survey the practice developed a 'Patient Survey Action Plan' to deal with the top five issues. This meant an outdated telephone system was replaced with a bespoke system. An additional GP was employed and more clinic sessions provided. An advanced nurse practitioner was also employed to deal with clinical issues which did not need a GP.

Four patient comment cards told us there was sometimes difficulty getting an appointment, the remaining comment cards indicated there was no issue getting urgent or planned appointments, one person commented they had seen a huge improvement in getting appointment in 2017. Members of the PPG told us they were not aware of any issues in getting appointments. .

The practice had a system to assess:

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

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 a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

## Are services responsive to people's needs? (for example, to feedback?)

- 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. For example information was displayed and a complaints summary leaflet was available in the reception area.

We looked at the six complaints that had been received since October 2016 and found these were satisfactorily handled and dealt with in a timely way. Lessons were learned from individual concerns and complaints and 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 had a mission statement which was displayed in the waiting area and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored. The vision and strategy included meeting the needs of people in the wider community.
- The management team were visible and approachable. Staff told us they felt proud to work at the practice and were very well supported by the management team.

### Governance arrangements

There is a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans. The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs, the advanced nurse practitioner and the practice nurse had lead roles in key areas.
- Practice policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. Away-days were also held which provided opportunity for staff to learn about how the vision for the service will be achieved. A programme of continuous clinical and internal audit had been introduced to monitor quality and to make improvements.
- The provider had designed and installed a performance management dashboard which is a computer system that provides up to the minute information about how the practice is performing in key areas and also

monitors the effects of changes made. For example in response to patient feedback about difficulty contacting the service by phone, the provider installed a bespoke telephone system and employed additional staff. The telephone system logged the missed calls and the caller's details and staff would then return the call. The performance management dashboard provided data to show these steps had improved the patients experience when ringing the practice. The practice was able to demonstrate that the number of missed calls had reduced from 158 in May 2017 down to zero in August 2017.

- The dashboard provided the management team with an overview of the systems used by the practice for example, the results from the quality outcomes data (QOF); staff deployment and availability; compliance with health and safety checks; clinical audits and staff training.
- Staff were then able to act on areas requiring attention. For example; live outputs from the patient computer system were simplified and the data was visible on the dashboard. Then when the practice was less busy staff had the opportunity to call patients for their QOF reviews based on automatically generated patient lists. An improvement in QOF performance since introduction of the dashboard had been recorded by the practice which they showed us.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from meeting minutes that lessons learnt and sharing following significant events and complaints occurred.

### 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 and management were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements

# Are services well-led?

Good 

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

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. From the sample of documented examples we reviewed we found that the practice had systems 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 and staff felt supported by the management team.

There were high levels of staff satisfaction. Staff were proud to work at the practice. The provider had employed more staff in order to improve patient experience such as GPs, an advanced nurse practitioner and administration staff. The performance management dashboard supported rapid staff scheduling and deployment based on demand through the staff scheduling cloud. Recent feedback from patients indicated that since the introduction of more staff their experience of access had improved.

- The practice held and recorded a range of multi-disciplinary meetings including meetings with district nurses and health visitors to monitor vulnerable patients, vulnerable families and safeguarding concerns.
- 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. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The performance management dashboard gave live information on all the practices in the 'Wirral hub' group

of practices for the provider. This information demonstrated to staff how well they are doing and their achievements. The dashboard encouraged healthy competitiveness and good staff morale. Staff feedback that the dashboard was a very useful tool which helped them in their work and supported them in feeling proud to work there.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the active patient participation group (PPG) and through surveys and complaints received. The PPG was well established and met regularly with the practice. They told us they felt valued and listened to by the practice and said there had been an improvement in getting through to the surgery by phone.
- The NHS Friends and Family test, complaints and compliments received.
- 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. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking. They offered routine 15 minute appointments, and had worked hard to improve their health promotion and ill health prevention indicators resulting in improvements in performance.

The leadership team demonstrated through innovative ways of working how they drove continuous improvement. The performance management dashboard had been developed uniquely for the practice in response to a vision for continuously improving and acting on patient feedback. One of the key achievements of this dashboard monitoring was seen in the reduced number of missed telephone calls after the introduction of a tailor made system.