

# Dr Tree, Dr Sood and Dr Jacobs

## 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

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## Overall summary

We carried out an announced comprehensive inspection at Dr Tree, Dr Sood and Dr Jacobs on the 7th October. Overall the practice is rated as good.

Our key findings were as follows:

- There were systems in place to mitigate safety risks including analysing significant events and safeguarding.
- The practice whilst small and limited for space was clean and tidy. There was a small step and manual doors on entering the building with limited availability for disabled car parking. The practice was in need of a quality impact assessment as per the Equality Act 2010 to help identify actions needing to be taken to improve disabled facilities at the practice.
- The clinical staff proactively sought to educate patients to improve their lifestyles by regularly inviting patients for health assessments.
- Patients spoke highly about the practice and the whole staff team. They said they were treated with compassion, dignity and respect and they were

involved in their care and decisions about their treatment. Patients said they found it easy to make appointments and were seen in good time and didn't wait long at appointments.

- The practice has a patient participation group (PPG) who met three times a year and had various plans to develop their role in working with the practice staff.
- Information about services and how to complain was available and easy to understand.
- There was a clear leadership structure with delegated duties distributed amongst the team and staff felt supported by management. The staff worked well together as a team.
- Quality and performance were monitored.

However there were areas of practice where the provider should make improvements.

#### Action the provider **SHOULD** take to improve:

- Carry out a quality impact assessment as per the Equality Act 2010 to help identify actions needing to be taken to improve disabled facilities at the practice.

# Summary of findings

**Letter from the Chief Inspector of General Practice**

**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. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents. Lessons were learned and communicated within the practice to support improvement. The premises were limited for space and in need of a quality impact assessment as per the Equality Act 2010 to help identify actions needing to be taken to improve disabled facilities at the practice. The premises were clean and tidy. Safe systems were in place to ensure medication including vaccines were appropriately stored and were well managed. There were sufficient numbers of staff. Recruitment checks were carried out and recruitment files were well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services. The practice monitored its performance data and had systems in place to improve outcomes for patients. Staff routinely referred to guidance from National Institute for Health and Care Excellence (NICE). Patients' needs were assessed and care was planned and delivered in line with best practice and national guidance. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked well with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for caring. 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 and that staff were caring, supportive and helpful. Data from the National GP Patient Survey published July 2015 showed that patients rated the practice as comparable and exceeded in several aspects of care compared to local and national averages. Some staff had worked at the practice for many years and understood the needs of their patients well.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of the local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Services were planned and delivered to take into account the needs of different patient groups. Patients were positive about accessing appointments and data

Good



# Summary of findings

aligned with how the appointments were made accessible and well managed. Information about how to complain was available and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

## Are services well-led?

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 large number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. The practice was knowledgeable about the number and health needs of older patients using the service. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. They kept up to date registers of patients' health conditions. The practice had identified patients at risk of unplanned hospital admissions and had developed care plans to help review their needs on a regular basis. The practice staff met with the community matron and multi-disciplinary professionals on a regular basis to provide support and access specialist help when needed. The practice carried out home visits and also visited care homes in the area.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment and screening programmes. The practice continuously contacted these patients to attend annual reviews to check that their health and medication needs were being met. The practice offered extended appointments with the practice nurse to ensure patients with multiple needs were given plenty of time in order to streamline their care and reduce recurrent visits and to help aid patient education.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. Staff were knowledgeable about child protection and a GP took the lead for safeguarding. Staff put alerts onto a patient's electronic record when safeguarding concerns were raised. The practice were in the process of formalising meetings with the health visitor to discuss any children who were identified as being at risk of abuse. The practice offered family planning advice. Immunisation rates were comparable and sometimes exceeded local CCG benchmarking for all standard childhood immunisations. Urgent access appointments were available for children.

Good



# Summary of findings

## **Working age people (including those recently retired and students)**

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of this 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, the practice offered telephone consultations instead of patients having to attend the practice. The practice offered online prescription ordering, online appointment services and patients could book appointments 24 hours a day over the phone with the automated phone system. Health checks were offered to patients who were over 40 years of age to promote patient well-being and prevent any health concerns.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice was aware of patients in vulnerable circumstances and ensured they had appropriate access to health care to meet their needs. For example, a register was maintained of patients with a learning disability and annual health care reviews were provided to these patients. All staff were trained and knowledgeable about safeguarding vulnerable patients and had access to the practice's policy and procedures and had received guidance in this.

Good



## **People experiencing poor mental health (including people with dementia)**

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients with mental health problems in order to regularly review their needs or care plans. The practice staff liaised with other healthcare professionals to help engage these patients to ensure they attended reviews. Mental Capacity Act training was available to staff. Staff had received training regarding patients mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The National GP Patient Survey results published on 2 July 2015 showed the practice was performing in line with local and national averages and in some areas exceeding those averages. There were 302 survey forms distributed for Dr Tree, Dr Sood and Dr Jacobs and 114 forms were returned which equates to 2% of the patient population. The practice scored higher than average in terms of patients' satisfaction with their overall experience, making appointments, helpful receptionist staff, and speaking to their GP and nurses listening to patients. For example:

- 91.5% describe their overall experience of this surgery as good compared to the CCG average 84.2% and National average 84.8%.
- 89.5% say the last GP they saw or spoke to was good at treating them with care and concern compared to the CCG average 86.2% and National average 85.1%.
- 95.5% say the last nurse they saw or spoke to was good at listening to them compared to the CCG average 92.6% and National average 91.0%.
- 94.7% find the receptionists at this surgery helpful compared to the CCG average 85.8% and National average 86.8%.
- 88.4% describe their experience of making an appointment as good compared to the CCG average 70.6% and National average 73.3%.

However, the results indicated the practice could perform better in certain aspects around discussions with GPs and nurses and patients experiences in the out of hours service. For example:

- 85.5% say the last GP they saw or spoke to was good at giving them enough time compared to the CCG average 89.2% and National average 86.6%.
- 81.1% Say the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average 87% and National average 84.8%.
- 49.5% describe their out-of-hours experience as good compared to the CCG average 79.4% and National average 68.6%.

The practice had developed an action plan in response to the lower than average results. They had raised awareness amongst their staff in regard to listening to patients needs and to help increase patient satisfaction.

As part of our inspection process, we asked patients to complete comment cards prior to our inspection. We received 44 comment cards and spoke with six patients and one member of the patient participation group. Out of 51 comments, 47 patients indicated that patients found the staff helpful, caring, polite and they described their care as very good. Four other comments related to various issues such as the open plan reception when speaking to staff, difficulties accessing appointments and in seeing their preferred GP. The majority of patients were very positive about the service they received from the practice.

## Areas for improvement

### Action the service SHOULD take to improve

- Carry out a quality impact assessment as per the Equality Act 2010 to help identify actions needing to be taken to improve disabled facilities at the practice.

# Dr Tree, Dr Sood and Dr Jacobs

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) inspector. The team included a GP and practice manager specialist advisors and an Expert by Experience, (Experts work for voluntary organisations and have direct experiences of the services we regulate. They talked to patients to gain their opinions of what the service was like.)

### Background to Dr Tree, Dr Sood and Dr Jacobs

Dr Tree, Dr Sood and Dr Jacobs are based in a residential area within St Helens close to all local amenities. There were 5120 patients on the practice list at the time of our inspection. The practice has three partners and two of them are female and one male GP, a practice nurse who is also a nurse prescriber, a practice manager, office manager and reception and administration staff. The practice is open Monday, Tuesday, Thursday, Friday from 8.30am to 6.30pm and Wednesday 8.30am to 4.45pm. Every day from 7am until 6.30pm a doctor from the surgery is available to speak to patients and arrange an appointment/home visit if needed. Outside of this time the practice uses St Helens Rota. This is a conglomerate of GPs who provide out of hours cover.

The practice has a Personal Medical Services (PMS) contract. In addition the practice carried out a variety of enhanced services such as: vaccinations.

### Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services 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 are provided for specific groups of people and what good care looks 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

# Detailed findings

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

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.

- Carried out an announced inspection visit on 7th October 2015.
- Spoke to staff and patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed patient survey information.
- Reviewed various documentation including the practice's policies and procedures.

# Are services safe?

## Our findings

### Safe track record

St Helens Clinical Commissioning Group (CCG) reported no concerns to CQC about the safety of the service. The practice used a range of information to identify risks and improve patient safety. There was a system in place for reporting and recording significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via computer. The practice carried out an analysis of these significant events to identify any trends. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and could access information about events through their intranet systems. They showed us up to date records of recent incidents that they had recorded and explained the actions they had taken to reduce risks.

### Overview of safety systems and processes

The practice could demonstrate safe management for risks, safeguarding, health and safety including infection control and staffing.

- There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. Staff demonstrated they understood their responsibilities and discussed a recent report they had referred to the local authority to help safeguard one of their patients. All staff had received training relevant to their role including level three for safeguarding. Meetings with the health visitor to discuss any concerns relating to children were in the process of being formalised by practice staff so they would meet regularly to minute discussions and actions taken in regard to all children identified at risk.
- A notice was displayed in the clinic rooms, advising patients that staff would act as chaperones, if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure.) All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Services (DBS) check.
- These 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.
- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and regular fire drills were carried out. The building had a small step leading into it and manual doors. The practice had not carried out an assessment to review disabled access at the practice. Staff advised they would arrange an assessment following their inspection to review access and suitable disabled facilities for their patients. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Staff we spoke with told us there was enough equipment to help them carry out their role and that equipment was in good working order. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice had arranged a recent health and safety inspection in September 2015 and had identified a number of areas within the building where they had developed an action plan to improve some areas within six weeks of their audit.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. Several comments received from patients indicated that they found the practice to be clean. The practice reviewed infection control audits and acted on any issues where practical. The practice nurse was the infection control lead. There was an infection control protocol in place and staff had received up to date training. The practice took part in external audits from the local community infection control team. Following the audit the practice had developed an action plan to update some parts of the clinical environment such as the current sinks in clinic rooms which were due to be replaced. The practice had carried out Legionella risk assessments and regular monitoring.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice worked with pharmacy support from the local CCG. We looked at a sample of vaccinations and found them to be in date. Staff discussed actions they had taken

## Are services safe?

regarding a recent cold storage incident with the storage of vaccinations in their refrigerator. Staff took all appropriate actions, informed patients of the incident and had arranged for an improved system in the operating switch for the refrigerator to prevent any further risks of the fridge being accidentally turned off at the switch. There was a policy for ensuring that medicines were kept at the required temperatures, fridge temperatures were checked daily. Regular stock checks were carried out to ensure that medications were in date and there were enough available for use.

- Recruitment checks were carried out and staff files that we sampled showed that 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 DBS checks. The practice manager showed us records to demonstrate that arrangements were in place for planning and

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

### **Arrangements to deal with emergencies and major incidents**

- The practice had 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. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. The practice nurse had overall responsibility for ensuring emergency medicines were in date and carried regular recorded checks. Staff received basic life support training and the practice had a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises. Oxygen was available and stored appropriately.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment and consent

The practice carried out assessments and treatment in line with The National Institute for Health and Care Excellence (NICE) guidelines and had systems in place for staff to access to ensure all clinical staff were kept up to date.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record. For example, patients on the 'at risk' register, learning disabilities and palliative care register.

The practice helped reduce the pressure on A&E departments by treating patients within the community/ within care homes or at home instead of hospital. Care plans were being developed for these patients.

We spoke with the GP's and practice nurse who understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Mental Capacity Act training was available to all staff.

### Protecting and improving patient health

The practice had developed a number of initiatives to proactively engage patients to promote their health and well-being. Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews.

Childhood immunisation rates for the vaccinations given were above average when compared to CCG averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 90.9% to 100.0% and the CCG averages ranged from 90.9% to 98.2%.

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-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

### Coordinating patient care

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 risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. Incoming mail such as hospital letters and test results were read by a clinician and then scanned onto patient notes by reception staff. Arrangements were in place to share information for patients who needed support out of hours.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). (QOF is a voluntary incentive scheme for GP practices in the UK). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. QOF results from 2014-2015 showed the results being 98.5% of the total number of points available with an exception score of 3.5%. QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. QOF information showed the practice was meeting its targets for health promotion and ill health prevention initiatives. This practice was not an outlier for any QOF targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators was higher than the national averages. For example, the percentage of patients on the diabetes register, with a record of a foot examination. Practice rate was 97.51% and National rate was 88.35%.
- The percentage of patients with hypertension having regular blood pressure tests was higher than the national average. Practice rate was 86.9% and National rate was 83.11%.
- Performance for diabetes related indicators was higher than the national averages. For example, the percentage of patients with diabetes, on the register, who have had influenza immunisation. Practice rate was 98.44% and the national rate was 93.46%.

# Are services effective?

(for example, treatment is effective)

- All GPs and nursing staff had access to a variety of clinical audits carried out at the practice including those carried out by the CCG pharmaceutical advisor. Examples of completed audit cycles included an audit of zinc deficiency in a sample number of patients screened for this condition who presented with various symptoms. The audit helped to identify over 50% of patients screened with zinc deficiency and the majority of patients reported having improved symptoms following treatment. The audit helped to raise awareness amongst the clinical team with the aim of increasing screening for this deficiency.
- Staff had access to appropriate training to meet their learning needs and were happy with the training on offer. Staff had received training that included safeguarding, fire procedures, chaperone training, health and safety, infection control, equality and diversity, consent, complaints, learning disability and dementia awareness, basic life support, information governance awareness and access to e-learning training modules. The practice manager had updated records for training and was taking action to ensure all staff were up to date with any identified refresher training including all clinical staff.
- All GPs were up to date with their yearly appraisals. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.) There were annual appraisal systems in place for all other members of staff.

## Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed members of staff that covered such topics as fire safety, health and safety and confidentiality.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms and treatment room doors were closed during consultations so that patients' privacy and dignity was maintained during examinations and treatments. We received 44 comment cards and spoke with seven patients. Out of 51 comments, the majority of patients indicated that they found the staff helpful, caring, polite and they described their care as very good. Patients told us, they were happy with the standard of care provided and they were very complimentary about the practice staff especially their named GPs. Some staff had worked at the practice for many years and knew their patients well. We also spoke with members of the Patient Participation Group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer and a carer's register was in place with 185 carers currently identified. The practice had an identified member of staff who was a carer's champion who helped to sign post patients to relevant organisations for support.

Staff told us that translation services were available for patients who did not have English as a first language and they had previously supported a patient who was deaf with specialist support when they knew they were due to visit the practice.

Results from the national GP patient survey showed patients were happy with how they were treated. Patient comments made throughout our inspection aligned with the positive results of this survey. The practice was comparable and above average for most of its results. For example:

- 84.1% would recommend this surgery to someone new to the area compared to the CCG average 75.9% and National average 77.5%.

- 89.6% of respondents say the last GP they saw or spoke to was good at listening to them compared to the CCG average 89.3% and National average 88.6%.
- 96.1% say the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average 92.9% and National average 91.9%.
- 90.6% say the last nurse they saw or spoke to was good at treating them with care and concern compared to the CCG average 91.5% and National average 90.4%.
- 98.2% had confidence and trust in the last nurse they saw or spoke to compared to the CCG average 97.1% and National average 97.1%.
- 97.8% had confidence and trust in the last GP they saw or spoke to compared to the CCG average 95.9% and National average 95.2%.

There was some areas for improvement at the practice, which related to patients not having enough time with GP's and nurses involving patients with decisions.

- 85.5% say the last GP they saw or spoke to was good at giving them enough time compared to the CCG average 89.2% and National average 86.6%.
- 81.1% Say the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average 87% and National average 84.8%.

The practice had developed an action plan in response to the survey and had put actions in place to try and improve patient satisfaction within these areas.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patients told us they never felt rushed whenever they went to see the nurse or their GP. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

## Are services caring?

- 89.1% of respondents say the last GP they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 86.5% and national average of 86.0%.
- 90.3% say the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 91.5% and national average of 89.6%.
- 75.3% with a preferred GP usually get to see or speak to that GP compared to the CCG average of 59% and national average of 60.0%.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to improve outcomes for patients in the area. The practice offered a range of enhanced services such as avoiding unplanned admissions to hospital.

The practice collaborated with St Helens council in 2014 with the Winter Warm scheme. They sent out letters to all over 75 year olds informing them of free support that they could access. (The over 75s register allowed the practice to access these patients speedily). The practice identified this initiative as a positive outcome allowing many of their patients to obtain financial support towards heating bills.

There was an active Patient Participation Group (PPG) which met three times a year and the practice provided access to PPG minutes via their practice website. They had actively discussed various topics with practice staff, such as limited car parking facilities, telephone access and appointments. The PPG were in the process of developing their role and plans for the future with engaging with patients and the practice staff. Representatives from the PPG told us they felt listened to and involved in the operation of the practice.

The practice had an equal opportunities and anti-discrimination employment policy which was available to all staff on the practice's computer system.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a learning disability and long term conditions.
- Home visits were available for elderly patients, housebound patients, those residing in residential care or nursing homes.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were translation services available.
- The practice had various notice boards including carer's information, health promotion material and sign posting contact details for various organisations.

### Access to the service

The practice offered pre-bookable appointments in advance, book on the day appointments and telephone consultations. Repeat prescriptions could be ordered on-line or by attending the practice. The practice is open Monday, Tuesday, Thursday, and Friday from 8.30am to 6.30pm and Wednesday 8.30am to 4.45pm. Each day from 7am until 6.30pm a doctor from the surgery was available to speak to patients and arrange an appointment/home visit if needed. Outside of this time the practice used St Helens Rota. This was a conglomerate of GPs who provided out of hours cover.

Results from the national GP patient survey showed overall positive results and above average scores for patient's satisfaction with open hours and access to the practice. For example:

- 92.5% of respondents find it easy to get through to this surgery by phone compared to the CCG average of 68.2% and national average of 73.3%.
- 88.9% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83.4% and national average of 85.2%.
- 95.8% say the last appointment they got was convenient compared to the CCG average of 92.4% and national average of 91.8%.
- 88.4% describe their experience of making an appointment as good compared to the CCG average of 70.6% and national average of 73.3%.
- 90.5% usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 63.4% and national average of 64.8%.
- 76.5% are satisfied with the surgery's opening hours compared to the CCG average of 74.3% and national average of 74.9%.

### 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 reception. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. We looked at a sample of complaints made over the last 12 months. There had been a low number of recorded complaints. We found they had

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

been handled satisfactorily and dealt with in a timely way with clear actions taken to share lessons learnt with staff and to improve services at the practice, specifically

regarding managing confidentiality. The practice offered an apology to any patient who felt that services offered had fallen below the standard patients had a right to expect.

# 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

Staff we spoke with were aware of the culture and values of the practice and told us patients were at the centre of everything they did. Positive comments shared by patients reflected the values set out by the practice staff.

### Governance arrangements

There was a clinical governance policy in place. Staff told us they felt well supported by management and confident that they could raise any concerns. Policies were updated and accessible to everyone. Staff we spoke with were aware of how to access the policies and any relevant guidance to their role.

Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There were organised arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice had a system of reporting incidents without fear of recrimination took place.
- Acting on any concerns raised by both patients and staff. Staff had learnt from incidents and complaints.
- A system of continuous clinical audit cycles which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the staff team and other healthcare professionals to disseminate best practice guidelines and other information via clinical meetings and meetings with members of the multi-disciplinary teams.
- The GPs and all other clinicians were supported to address their professional development needs for revalidation and all staff in appraisal schemes and continuing professional development.

### Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe and compassionate care. The

practice staff regularly supported local charities and staff recently carried out a charity walk for breast cancer. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so.

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

The practice had gathered feedback from patients through the patient participation group (PPG) the National Patient survey and through complaints received. The practice had developed an action plan in response to the results of the National Patient Survey and the PPG member told us of plans for the future in engaging with the practice and identifying the future views of patients at the practice. The practice had also gathered feedback from staff through regular staff meetings and informally as required. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

### Management lead through learning and improvement

Staff told us the practice supported them to maintain their clinical professional development through training and mentoring. We looked at a sample of staff files and saw that regular appraisals took place. Staff had access to a programme of induction, training and development. Mandatory training was undertaken and monitored to ensure staff were equipped with the knowledge and skills needed for their specific individual role.

One GP is trained in acupuncture and offered this service to patients on a regular basis.

The practice staff had identified areas for improvement and shared these points for further development: including plans to improve health and safety at the practice, increase team meetings to help staff morale, to focus on care plans for vulnerable patients and to review the limited space available within the practice.