

# Sefton Road Surgery

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
What people who use the service say	4
Areas for improvement	4

### Detailed findings from this inspection

Our inspection team	5
Background to Sefton Road Surgery	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	7

## Overall summary

### Letter from the Chief Inspector of General Practice

This is the report of findings from our inspection of Sefton Road Surgery. Our comprehensive inspection was an announced inspection, which took place on 14 November 2014.

Sefton Road Surgery is situated in Litherland and has been operated as a branch surgery from Concept House Surgery in Bootle since April 2014. Because of the way in which each surgery has been registered with the Care Quality Commission, Concept House Surgery and Sefton Road Surgery have been inspected separately and individual reports are available for both practices.

We rated the practice overall as good because practice had made provision to ensure care for people was safe, caring, responsive, effective and well led.

Our key findings were as follows:

- The practice was safe and well led. The practice had combined two surgeries which were formally single handed GP services and had brought together telephone and other new systems to enable patients to be seen by clinicians at either of the two practices.

- The practice was responsive. The practice had developed over the last year an audited system of flexible and bookable appointment times across the two surgeries.
- The practice was effective. The practice had introduced a clear vision and had combined staff to form a new team to deliver high quality care and promote good outcomes for patients using either surgery.
- The practice was caring. Patients were satisfied with the individual approaches adopted by staff and said they were respectful and polite. We received a number of comments from patients who told us that the clinicians took time to listen to them.

However, there were also areas of practice where the provider needs to make improvements.

In addition the provider should:

- Continue to consider ways to develop consulting room facilities, including the ground floor consulting room heating arrangements and the further modernisation of the surgery premises.

**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 safe. Staff were aware of and understood their responsibilities to raise concerns and report incidents. Lessons were learned and shared with staff to support continual improvement. Risks to patients were appropriately assessed and well managed. Safety information was monitored and action taken where required.

Good



### Are services effective?

The practice is rated as good for effective. National Institute for Health and Care Excellence (NICE) guidance was referenced and used routinely. People's individual needs were assessed. Care was planned and delivered in line with current legislation and the promotion of good health. Staff had received training and support. Effective multidisciplinary working was in place. There were effective working arrangements with community services.

Good



### Are services caring?

The practice is rated as good for caring. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We saw that staff listened to patients and treated them with respect and courtesy.

Good



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

The practice is rated as good for responsive. The practice reviewed the needs of the local community and engaged with commissioners to secure service improvements. Patients reported accessibility to the practice with urgent appointments usually available the same day. The practice was equipped to treat patients and meet their needs. There was an accessible comments and complaints system.

Good



### Are services well-led?

The practice is rated as good for well-led. The practice had a clear vision and governance arrangements to deliver services for patients and to make quality improvements possible.

Good



# Summary of findings

## What people who use the service say

We received 39 completed CQC comment cards and spoke with two patients at the time of our visit. Patient feedback was they felt they received a good standard of care from all the doctors and nurses. Patients reported their experiences with staff as good and described high levels of confidence in their clinicians and overall satisfaction with the service, now that the appointment system was embedded. These comments were from male and female patients across the all age groups.

We also reviewed the results of the 2014 GP patient survey. This is an independent survey run by Ipsos MORI on behalf of NHS England.

91% describe their overall experience of this surgery as good

88% would recommend this surgery to someone new to the area

95% find the receptionists at this surgery helpful

54% of respondents usually wait 15 minutes or less after their appointment time to be seen

CCG (regional) average: **63%**

55% of respondents with a preferred GP usually get to see or speak to that GP

CCG (regional) average: **55%**

76% of respondents say the last nurse they saw or spoke to was good at giving them enough time

CCG (regional) average: **76%**

## Areas for improvement

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

Continue to consider ways to develop consulting room facilities and further modernisation of the surgery premises.

Continue to try to establish a structured patient participation group (PPG).

# Sefton Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP.

## Background to Sefton Road Surgery

The practice is a partnership of two GPs. There is also one salaried GP. Two doctors are female and one is male. There is also one nurse clinician, one practice nurse and one healthcare assistant.

The surgery is located on a main road with a local bus service. Car parking is available on site. The ground floor facilities are accessible by a ramp. Patients are seen in rooms on the ground floor and the first floor. There is no lift.

This is a training practice and usually has a fully qualified 'trainee' GP attached to the practice, as well as a regular secondment of third and fourth year medical students from Liverpool University School of Medicine.

Medical services are provided under the provisions of a Personal Medical Services (PMS) contract.

Sefton Road Surgery has been operated as a branch surgery from Concept House Surgery since April 2014. For patients this means that as a patient of either practice, they are able to use both surgeries. The doctors, clinical and administrative staff share their time across the two practices, so this 'joining' of the practices extends patient

choice. The practice has a total patient list size of 4,881 patients and the list size continues to increase. Sefton Road Surgery serves a broad community of adults and children with a slightly higher number of older people.

Out of hours care is provided by the Urgent Care 24.

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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 to share what they knew. We carried out an announced visit on 14 November 2014. During our visit we spoke with a range of staff including GPs, the practice manager, reception staff, the pharmacist from the clinical commissioning group and spoke with two patients who used the service. We reviewed 39 completed CQC comment cards where patients shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

## Detailed findings

- 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 living in vulnerable circumstances

People experiencing poor mental health (including people with dementia)

# Are services safe?

## Our findings

### Safe track record

The practice had systems in place to monitor and assess the safety of care and treatment provided by in depth analysis of a range of information. These included monitoring of safety alerts, Significant Event Analysis (SEA) monitoring of patients' outcomes and analysis of clinical audits.

Consideration had been given to national patient safety alerts and feedback from patients. The outcomes of such analysis evidenced lessons learned and changes were implemented such as improved communication within the practice.

Staff told us that they could raise any concerns with the clinicians or with the practice manager directly. They could also raise concerns through their meetings. For example, staff could also report any matters of safety concerns. Therefore processes were in place which enabled reporting to external agencies if appropriate.

The performance of individual staff was monitored through recently introduced systems for clinical supervision and annual appraisals.

### Learning and improvement from safety incidents

The practice had systems in place for reporting, recording and monitoring significant events. We spoke with staff who were able to explain to us their responsibilities regarding reporting and recording events. Key risk issues and specific actions needed were identified. Learning outcomes and actions were recorded. There was evidence that significant events were discussed at practice meetings every two weeks and a log was kept which ensured learning was disseminated and implemented. All staff were aware of the system for raising issues to be considered at the meetings and felt encouraged to do so. If outcomes or events were not as anticipated, patients were involved in this feedback as were any other relevant staff and a record kept.

We saw the practice had processes in place to ensure patient safety alerts were identified and acted upon.

### Reliable safety systems and processes including safeguarding

There were arrangements in place to protect and safeguard adults and children. The processes used by the practice were aligned to the local authority safeguarding processes.

The staff we spoke with were able to tell us about their responsibilities and their roles in relation to safeguarding. All staff had received safeguarding training appropriate to their role. One of the doctors was identified as the safeguarding lead; they had been trained and could demonstrate they had the necessary knowledge to carry out this responsibility.

We were able to confirm that all records, electronic or paper documents were kept securely. Records were retained centrally at Concept House Surgery.

Many of the practice policies had recently been devised or revised and the next intended review date had yet to be determined. A whistle blowing policy was not yet in place, but staff were able to describe to us how they would alert relevant authorities to concerns if such a situation came about.

There was a chaperoning policy in place and that policy and the associated procedure were clearly displayed for patients to refer to in the practice. Clinicians and non clinical practice staff acted as chaperones and had received appropriate training.

### Medicines management

The practice had a close and helpful working relationship with the clinical commissioning group (CCG) pharmacist who we met on the day of the inspection.

An up to date prescribing policy was in place and in use. Medicines management systems had been implemented and were monitored using the computer system in use at the practice. Also multiple and integrated systems were in place for the safe management of repeat prescriptions.

The practice had recorded an identified problem with a failed vaccines fridge in one of the locations. This led to further assessment of the remaining equipment and procedures which were in place in relation to safe management of vaccines across the practice. They did this by working closely with the CCG pharmacist who was aligned to the practice. This led to a change in equipment, staff practice and updated training. Consequently the intranet that contained all policies and procedures that staff referred to had been updated with very clear and comprehensive information which included information about the maintenance of the cold chain. The "cold chain" is a system of transporting and storing vaccines within the manufacturers recommended temperature range.

# Are services safe?

In addition to new vaccine fridges the practice had introduced the use of a new device to record temperature information. This USB device, called a data logger, carefully monitored vaccine fridge temperature data which was then analysed by computer.

The practice had processes in place for the safe disposal of medicines.

## Cleanliness and infection control

The practice had identified a named person who had lead responsibilities for cleanliness and the management and audit of infection control measures. We spoke with staff who told us they were trained in infection control processes.

There were sufficient hand washing facilities and alcohol gel available throughout the premises. There were sufficient quantities of gloves and aprons available. Disposable paper roll was used on examination couches.

The premises were visually clean and tidy throughout. There had been no reported incidents from sharps injuries or spillages.

We saw evidence of systems, policies and training for cleaning, infection prevention and control. Quality assurance systems (sometimes called governance) needed more structure in order to enable more detailed audits to be conducted.

We saw clinical and other waste was managed appropriately.

## Equipment

Staff told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. All equipment had been tested and maintained. We saw evidence of routine calibration of relevant equipment such as weighing scales.

Items in the emergency box were within their use by dates and staff told us they were checked monthly. A new template for carrying out checks had been devised in the preceding week. However there was no completed inventory or written log to provide an audit record of the checks carried out.

## Staffing and recruitment

A recruitment policy was in place and we talked to staff about how they had been recruited. We looked at staff files and saw that some of the employment checks that were

required to be carried out had not been fully completed in all cases, but were being processed. For example those staff whose job role required a current or valid disclosure and barring service (DBS) check in place. However, the practice evidenced that it had applied for new DBS checks for all of the staff who needed them. The GPs had DBS checks undertaken annually by the NHS England as part of their appraisal and revalidation process. Revalidation is whereby licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practice.

Non clinical staff posts had been risk assessed to determine if DBS checks were required. A decision had been taken that they were not required. However, some non-clinical staff had been previously used for chaperoning patients. We pointed out that in those circumstances DBS checks were required. The practice decided therefore only to use DBS checked clinical staff to provide chaperone services with immediate effect.

Staff worked across the two surgeries. Any planned and unplanned absences were managed by the practice manager who ensured adequate cover at both locations. Use of locum GPs was rare and where locums had been employed the practice sought to use one known provider.

## Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included dealing with emergencies such as a fire and a patient becoming seriously ill at the practice. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and we saw that the practice had undertaken a health and safety risk assessment.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information so staff were aware of any relevant issues when patients attended appointments.

Arrangements to deal with emergencies and major incidents were in place and the practice had a contingency plan to cover any emergencies that might affect its services.

The practice had arrangements in place to manage emergencies. We saw records which showed all staff had received regular training in basic life support. We saw a fire risk assessment had been undertaken. Staff told us that the fire alarms were tested regularly. We saw records confirming annual staff training for fire safety.



## Are services safe?

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

The practice had arrangements in place to manage emergencies and a business continuity plan was in place. Staff had received training in basic life support and fire evacuation procedures. Emergency equipment was available including an automated external defibrillator

(used to attempt to restart a person's heart in an emergency). All staff asked knew the location of this equipment and records shown to us confirmed these were checked regularly.

Oxygen was not kept. It would be best practice to have oxygen available and a revised medical emergencies protocol. Oxygen is considered essential in dealing with certain medical emergencies.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice manager explained how information was cascaded to the team and clinical staff told us how they used guidelines from the National Institute for Health and Care Excellence (NICE), local specialist healthcare staff and guidance given by the local health commissioners. They explained to us how these were discussed in their clinical meetings.

Clinicians told us how the practice helped patients with long term conditions to manage their health. They told us that there were regular clinics held where patients were booked in for recall appointments. These steps ensured patients had routine assessments and tests, such as blood or lung function tests to monitor their condition.

The practice had clinicians leading in different specialist clinical areas such as diabetes, cardiovascular disease, mental health, and women's health and end of life services which allowed the practice to focus on and maintain expertise in specific conditions.

We reviewed the most recent Quality and Outcomes Framework (QOF) results for the practice available to us at the time. The QOF is part of the NHS contract for general practices. Practices are rewarded for the provision of quality care. Sefton Road Surgery achieved a Practice Value QOF points score of 95.995. The practice average across England was 96.4436. The lowest practice in England scored 42.524 and the highest practice in England scored 100.

There were systems in place to ensure referrals to secondary care were made in line with national standards

We found no evidence of discrimination when making care and treatment decisions. Interviews with GPs and nurses showed that the culture in the service was that patients were treated on need and that age, sex or race was not taken into account in this decision-making.

### Management, monitoring and improving outcomes for people

The practice had a system in place for completing clinical audit cycles. Clinical audit is a process or cycle of events that help ensure patients receive the right care and the right treatment. This is done by measuring the care and services provided against evidence based standards,

changes are implemented to narrow the gap between existing practice and what is known to be best practice. Ideally, a clinical audit is a continuous cycle that is continuously measured with improvements made after each cycle. For example the practice had carried out an audit into the uptake of nasal spray flu vaccine for children aged two to three years. Six months later a re-audit was carried out and the outcomes on each occasion indicated how the practice needed to improve to achieve its given target.

The practice also conducted clinical audits which included a significant events analysis (SEA) audit and an infection control audit. The infection control audit gave a score of 91% and will be re-audited in the coming year to monitor the improvements implemented. Another example of audits carried out by the practice illustrated how they ensured that staff were actively involved in activities to monitor and improve outcomes for patients. As a teaching practice medical students had been encouraged to participate in and conduct an audit of the use of the nasal flu vaccine for two to three year old children. This was beneficial to the practice and to the students working there. Where audits related to medicines close liaison with the clinical commissioning group (CCG) attached pharmacist was maintained.

Non-clinical audits were also carried out looking at other aspects of services offered to patients. They looked at relevance, quality and practices which ensured best care. These included one audit into the staff's understanding in relation to young people giving consent. It also looked at the recording of consent. Also one non-clinical audit looked into when patients wanted their appointments in order to consider the capacity of the practice to meet patient demands.

The practice used the quality and outcomes framework (QOF) to assess its performance in addition to the regular clinical audits as illustrated above. Patient's care and treatment outcomes were monitored and the outcomes were benchmarked against the local CCG and also against national comparators.

To further support patients with long term conditions the healthcare assistant looked after chronic disease management for those patients who were housebound.

# Are services effective?

## (for example, treatment is effective)

### Effective staffing

Practice staffing included, full and part time personnel comprising three doctors, two nurses, one healthcare assistant, one practice manager and eight administrative staff.

The clinical staff were able to evidence that they were up to date and, where necessary, had revalidated their registrations and so were fully eligible to practice.

Where roles had developed or extended appropriate training had been provided. Learning needs had been identified through a system of formal annual appraisal which had been significantly developed in recent months by the practice manager who also maintained a comprehensive training matrix for the whole team.

Much of the one to one supervision was conducted informally through the year with one formal and documented annual appraisal. Peer support was in evidence at the practice and clinical supervision was delivered through the management structure. The doctors and nurses demonstrated that they reflected personally and were able to liaise with other professionals. They liaised with professionals outside the practice and within the clinical commissioning group (CCG) to reflect on the delivery of effective care and treatment in order to secure a cycle of continuous improvement.

### Working with colleagues and other services

The practice had good in-house systems for the receipt, recording and communication of results, notifications and referrals. Systems were in place for important information such as incoming blood tests ensuring that they were promptly reviewed.

There were clear arrangements and protocols in place for following up on patients that had been referred to other services or discharged from hospital. Systems were in place to ensure that clinicians communicated with patients to keep them informed.

There were processes in place to ensure other services were quickly notified of events which would impact or affect patient care, for example updating the out of hour's service in relation to patients receiving or needing palliative care.

The practice had information in relation to bereavement which was used to help families and friends.

There was opportunity for patients to use a choose and book system and its use and uptake was monitored.

The practice gave a good account of how they had worked hard to develop as an integrated team with the other practice at Concept House Surgery to deliver 'joined up services' for patients.

Clinicians worked well with multidisciplinary working across healthcare teams

### Information sharing

Information helping clinicians to deliver effective care was appropriately managed, securely kept and clearly communicated to the relevant clinician or other healthcare provider in a timely manner.

There was good management of safe, but effective patient information between paper and electronic systems and between relevant clinicians.

The practice participated in a cancer care gold standard framework (GSF) meeting with a GP, district nurse and McMillan nurse. GSF is a systematic, evidence based approach to optimising care for all patients approaching the end of life, delivered by generalist care providers.

Computer logs were kept for individuals in a range of identified groups. This helped the practice and its staff identify patients with certain needs in order to help to meet those needs. For example, vulnerable adults, patients with carers, patients with mental health needs and looked after children.

Same day appointments were offered to individuals in identified groups including young children.

The practice had a named GP for all patients aged 75 or over.

### Consent to care and treatment

Clinicians understood the relevant consent and decision-making requirements of legislation and professional guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004. When necessary carers were involved in supporting patients to understand why their consent was needed. Staff had recently undergone training with a policy statement to confirm that they had understood Mental Capacity issues in primary care.

When providing care and treatment for children and young people assessments of capacity to consent were carried

# Are services effective?

(for example, treatment is effective)

out in line with relevant guidance and staff had a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

## Health promotion and prevention

A variety of health promotion information and advice leaflets were available in the waiting area.

New patient assessments were carried out and all new patients were offered a consultation.

Health checks were also offered to patients aged 40 to 74 years of age.

There were a range of enhanced services provided by the practice including alcohol and lifestyle advice.

Effective vaccination programmes were in place, including childhood vaccination programmes, and the practice followed up patients that did not attend. Influenza vaccination was also being promoted in all 'at risk' groups.

Screening including cervical screening were offered and patients who were not able to attend were followed up.

The practice offered useful support to patients by 'signposting' or directing them to other relevant services for particular health and social care needs and support. This included self help and support groups.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We reviewed the most recent GP Patient Survey data available for the practice on patient satisfaction. Of the 117 patients who replied;

- 92% say the last GP they saw or spoke to was good at giving them enough time
- 88% say the last GP they saw or spoke to was good at treating them with care and concern
- 94% say the last GP they saw or spoke to was good at listening to them
- 96% had confidence and trust in the last GP they saw or spoke to

In the two weeks before our visit we invited patients to complete CQC comment cards to provide us with feedback on the practice. We received 39 completed comment cards, the majority were positive about the practice the clinicians and the staff. Some patients said that they missed the opportunities for open access to appointments. The new appointment system had gone through teething problems when first introduced about a year ago, but most patients believed that this system was now working well. Some patients said that they had to wait for their scheduled appointment on occasions. Comments included references to staff treating people as individuals and they were described as caring, helpful, professional, polite and listening. We also spoke with two patients during our inspection. They told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected.

Consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided so that patients' privacy and dignity was maintained during examinations, investigations and treatments. Patients requiring intimate examinations were offered a chaperone. Patient's privacy and dignity were maintained.

The reception staff area was separated from the patients' waiting area by a glass partition which helped keep patient information private. Given the constraints imposed by the

building and layout of the reception area the staff endeavoured to ensure privacy was respected. Patients were also able to use the private corridor or a free consultation room for private conversations as necessary.

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

Patients told us that clinicians clearly communicated with them in terms they could understand in relation to their diagnosis, treatment and treatment options. Clinicians took time to ensure that patients understood the treatment options available to them. Patients told us they felt able to ask questions or seek further information with the support of the all the practice staff. Patient feedback from the practice satisfaction survey taken in 2014 stated that 82% of the patients said the practice was very good at assessing their medical condition. Also 78% of the patient population said all staff were good at providing explanations.

Very few patients did not have English as their first language. Where patients needed a translation service arrangements were made for them.

Various registers were kept. These computer registers included logs of patient's carers, older people, patients suffering from mental health conditions or learning disabilities, chronic conditions, dementia or cancer. These were kept and used to provide effective communication and support.

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

Staff explained to us how they recognised the support patients and carers might need to cope emotionally with their care and treatment. Staff were able to support, direct or refer to other health and social care professionals, peer support networks and self-help groups as necessary.

Where bereavement support was needed patients were directed for further support by the practice to appropriate or specialist services. The practice had developed a strong link with the McMillan service as guided by the practice doctor with this lead role. The practice ensured that it made the out of hour's service aware of patients who may have out of hour's needs, such as patients receiving end of life care.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice did not have a patient participation group (PPG). However, the practice had sought to set up a group but had received only one reply. We did meet with this patient who was an active and involved member of Sefton Road Surgery patient community.

The practice had made use of the quality outcomes framework (QOF) data in order to inform itself of its performance. It had also carried out an extensive Patient Satisfaction Survey 2013-2014. The practice was using this information to plan its services and to deliver them in ways which respected individuals, coordinated care with other agencies and providers and promoted health and well-being. The practice regularly attended CCG led events including neighbourhood meetings.

Sefton Road Surgery had been a single practice and was taken over in 2012 and then amalgamated into services operated from Concept House Surgery. In April 2014 it became a branch surgery of Concept House. However at the time of our inspection, both GP practices were registered separately with CQC and therefore received separate inspections. The last year had been a time of enormous change for patients and staff. During this year the practice had developed appointments and consultations, introduced an appointments system, extended their surgery hours and rationalised their telephone and booking arrangements. There was also a developed practice intranet to help staff to be patient focussed and responsive. All of this enabled the practice to successfully meet the demands of a growing patient community as the patient list size continued to increase.

We reviewed the most recent GP Patient Survey data available for the practice on patient satisfaction. Of the 117 patients who replied;

- 91% of respondents find it easy to get through to this surgery by phone

CCG (regional) average: **66%**

- 91% of respondents describe their experience of making an appointment as good

CCG (regional) average: **71%**

- 88% of respondents would recommend this surgery to someone new to the area

CCG (regional) average: **73%**

### Tackling inequity and promoting equality

The practice was committed to ensuring equal opportunities for access to services and treatments to all patients and avoiding discrimination on the grounds of age, gender, disability, status, orientation, race or religion. The practice had also succeeded in making appointments available to meet the needs of patients. The doctors went out to patients if they needed medical attention. Patients who found it too hard to attend the surgery or who were housebound were visited by the health care assistant who attended patients to administer their injections, such as influenza.

Clinical records identified patients with caring responsibilities as well as those being cared for so that staff were alerted to any special support or assistance they may need. Carers were given age and care related advice and support. Telephone appointments were available.

The services provided by the practice took into account patient's age disability and provided for pregnancy and maternity services and appointments reflected their needs.

Homeless patients and those with substance misuse issues were also registered at the practice.

### Access to the service

The building which accommodates Sefton Road Surgery was formerly a residential property. Patients could be seen in rooms on the ground or first floor. Any patients unable to use facilities at Sefton Road would be seen in the main practice at Concept House.

Patients had timely access to appointments. This included initial assessment, diagnosis and treatment and on-going management of long term conditions. These appointments supported patients as individuals because of the ease of access to surgery based and home based appointments. All appointments and access to care and treatment were available at a time to suit them. This was supported by the GP Patient Satisfaction Survey where 96% said the last appointment they had was convenient.

The practice provided telephone access and face to face appointments. If patients called the practice when it was

# Are services responsive to people's needs?

(for example, to feedback?)

closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

The premises formerly a large house had been converted some years ago to provide a surgery. The ground floor area was directly accessible via a ramp. First floor consulting rooms were accessible only via stairs. The large consulting room on the ground floor was fitted with a gas fire and large fitted fire guard. Patients with mobility needs could be seen at Concept House Surgery where all facilities were located on the ground floor. The consultation facilities were limited by the building itself and the partners were considering their options for further development of the environment.

The waiting area was large enough to accommodate patients with wheelchairs and prams. Toilet facilities were available for all patients attending the practice. Baby changing facilities were available.

## **Listening and learning from concerns and complaints**

The practice has a system in place for handling complaints and concerns. Its complaints policy is in line with recognised guidance and contractual obligations for GPs in England and there is a designated responsible person who handles all complaints in the practice.

The practice had received a total of seven complaints across the two surgeries in the last year. They were responded to in a timely manner. The records confirmed that lessons were learned and such learning from complaints was shared with staff.



# 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 and set of values which focussed on meeting the needs of patients and which had been clearly communicated with staff. The practice had set out in writing a mission statement, a vision statement and the Aims and Objectives of the practice. These were included the Annual Practice Report for April 2013 – March 2014. The annual report monitored progress against the delivery of the strategy.

There was evidence of both short and long term planning. For example; the telephone system had been streamlined to receive all calls to Concept House and Sefton Road Surgeries centrally at Concept House and to manage the planning of appointments. The practice had scheduled the introduction of electronic prescription service (EPS) in January 2015. EPS enables prescribers, such as GPs and practice nurses, to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff.

The practice's vision statement states:-

“To work in partnership with our patients and staff to provide the best primary care services possible working within local and national governance, guidance and regulations”.

and

The practice mission statement states:-

“To improve the health, well-being and lives of those we care for”.

### Governance arrangements

The practice had introduced a number of new policies and procedures to govern activities. These were available to staff electronically via the comprehensive practice intranet. Staff demonstrated how they accessed policies and procedures. The policies contained the required information. Governance systems included such things as management arrangements, clarity about individual's roles and responsibilities and personal development and team performance.

Systems were in place for the analyses and production of data and for the monitoring of the services provided. They

ranged across the different clinical and non clinical aspects of the practice. This included a programme of clinical audit. Clinical audit offers clinicians the best way of assessing the quality of the care given and the care they should strive to give.

The practice participated in a local peer review system they took part in with neighbouring GP practices and the Clinical Commissioning Group (CCG). This enabled the practice to measure their service against others and identify areas for improvement.

The practice carried out an annual review of complaints at a review meeting. This meeting considered number of complaints, response to complaints, analysis of any trends, and outcomes. The meeting monitored the implementation of any changes made and reviewed their effectiveness.

The practice had systems in place for identifying, recording and managing risks. We looked at examples of significant incident reporting and actions taken as a consequence. Minutes from team meetings showed that significant incidents and how they were to be learned from were discussed.

### Leadership, openness and transparency

There was strong, visible and transparent leadership from the clinicians underpinned by the systems introduced by the practice manager which reflected their vision and values statements. The partners demonstrated a good understanding of the practice's strengths and those areas that needed to be improved and these were reflected in the practice strategy. The practice patient list continued to grow and as Sefton Road Surgery had merged with Concept House Surgery the systems used across the two locations had been harmonised. This had been a challenge but the practice was beginning to see the emergence of successful outcomes for both locations. Staff told us they felt valued and had confidence in their managers.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice had tried to establish a patient participation group, but only one person had responded. Nonetheless, the practice sought feedback from its patients and had conducted a patient satisfaction survey and produced its results alongside a 360° appraisal of all clinicians in October 2014. The survey combined results from both surgeries and 79 Sefton Road patients had participated.



# Are services well-led?

Good 

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

The development of improvements to the new appointment booking system and an assessment of appointment sessions provided by the practice each week were direct outcomes to the survey.

## **Management lead through learning and improvement**

Staff had a good understanding about the importance of managing and learning from significant incidents. Information was shared within the practice. The practice was a training practice for medical students and for

qualified doctors undertaking GP training. In addition to offering supervision and mentoring the practice also sought learning from feedback from the trainees or students.

Staff spoke highly about the leadership at the practice. They said people were visible and approachable and staff were encouraged to express their views openly. Staff said that the practice supported them to maintain their clinical professional development through personal development planning.