

Dr M Soares' Practice

Quality Report

Pilch Lane Surgery
Pilch Lane
Liverpool
L140Je
Tel: 01514899067
Website: pilchlanesurgery.nhs.uk

Date of inspection visit: 10/11/2015
Date of publication: 07/01/2016

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?

Requires improvement 

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	4
The six population groups and what we found	6
What people who use the service say	8
Areas for improvement	8

Detailed findings from this inspection

Our inspection team	10
Background to Dr M Soares' Practice	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	21

Overall summary

We carried out an announced comprehensive inspection at Dr Soares on the 10th November 2015. Overall the practice is rated as good.

Our key findings were as follows:

- Clinical staff regularly reviewed significant events although there was no formal system to share learning amongst the whole staff team to identify and learn from events.
- The practice had a safeguard lead and staff were aware of how to report patients considered at risk. The practice staff advised they would introduce fire safety checks. However there were gaps in staff training where some staff had not received safeguard training for vulnerable adults.
- Some aspects of managing safety needed further review as the practice did not have a formal fire risk assessment although they did have various fire safety checks in place for managing risks. The practice had an oxygen cylinder but we found that it was not securely stored to the wall and had no signage for the room it was stored in. The practice staff advised they would introduce fire safety checks and ensure the oxygen cylinder would be secured to the wall with clear sign posting of where it was located.
- Staff files were mainly organised and had appropriate checks in place apart from one staff file. This file lacked any evidence of safe recruitment checks such as: references; medical review; interview notes and no evidence of a DBS check. Following our visit the practice have advised that necessary recruitment checks will be in place for all staff.
- The practice was clean and tidy.
- 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.

Summary of findings

- The practice has a Patient Participation Group (PPG) who regularly met with the practice staff. They made suggestions throughout the year to help improve the service provided by the practice.
- Information about the services provided and how to complain was available at the practice. Complaint records had detailed information to show how they had been investigated.
- Staff had delegated duties assigned to them. Staff felt supported by the GPs and the external business team supporting them since the practice manager had left the practice. The practice staff advised that a new full time practice manager would be appointed. Staff felt well trained however training records had gaps and were in need of being updated to reflect the training staff had carried out.

There were areas of practice where the provider must make improvements.

- Take action to ensure its recruitment policy, procedures and arrangements are improved to ensure necessary employment checks are in place for all staff and the required information in respect of workers is held. **Health and Social Care Act 2008 Fit and Proper Person Employed. (Regulated Activities) 2014 Regulations 19 1)2)4)5).**

There were areas of practice where the provider should make improvements.

Action the provider should take to improve:

- To ensure all serious incidents of risk and complaints are shared with all staff to help improve shared learning within the practice and to help staff understanding of any lessons learnt.
- To ensure safeguard training is available and provided for all staff in regard to vulnerable adults and children and ensure staff are updated in the level of training
- To provide an updated fire risk assessment that ensures clear arrangements are in place for managing all aspects of fire safety within the practice.
- To review training records to ensure that all staff have evidence of updated training relevant to their role.
- To review all policies and procedures to ensure they are up to date with necessary guidance for staff.

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 requires improvement for providing safe services. The lead GP was the named lead for safeguarding within the practice. However, some staff had not received training in the safeguarding of vulnerable adults. The practice staff advised that all staff will receive updated training in safeguarding. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents. However, there was limited evidence that all risks had been captured and shared amongst the whole staff team to improve staff understanding and learning from incidents and events. The practice staff advised that following the inspection action would be taken to improve the staffs understanding of incidents and events. The premises were clean and tidy. Safe systems were in place to ensure medication including vaccines were appropriately stored and were well managed. Staff felt overall there were sufficient numbers of staff. One staff file had no evidence of any recruitment checks and lacked evidence that their recruitment had been carried out appropriately and safely.

Requires improvement



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. Data showed patient outcomes were at or above average for the locality. Patient's needs were assessed and care was planned and delivered in line with national guidance. Training records were in place for all staff but were in need of being updated to reflect the training attended by all staff. Staff worked very well with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for caring. Patients were positive about the care they received from the practice. They commented that they were treated with respect and dignity, and that staff were caring and helpful. Patients were provided with support to enable them to cope emotionally with care and treatment. Some staff had worked at the practice for many years and understood the needs of the 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. Patients were positive about accessing appointments. Data was comparable and aligned with

Good



Summary of findings

how patients felt about the management of appointments within the National Patient survey results. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and evidence showed that the practice responded quickly to issues raised. There had been a low number of recorded complaints.

Are services well-led?

The practice is rated as good for being well led. Staff felt supported by the GPs and the business managers who had been commissioned by the practice for the next 12 months to help consolidate the work undertaken by the practice. The practice had a large number of policies and procedures although we noted some were last reviewed in 2008. The staff met informally on a weekly and monthly basis to review all aspects of care and management of the practice. Governance systems needed formalising to help develop the staff roles across the practice. The practice proactively sought feedback from patients and had an active patient participation group (PPG).

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 and used this information to plan reviews of health care and to offer services such as vaccinations for flu. 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 to a high number of care homes and to patients who were house bound.

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 contacted these patients to attend regular reviews to check that their health and medication needs were being met. The practice had adopted a holistic approach to patient care rather than making separate appointments for each medical condition.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Immunisation rates were comparable with local CCG benchmarking for standard childhood immunisations. The practice monitored any non-attendance of babies and children at vaccination clinics and reported any concerns they had identified. The staff we spoke with had appropriate knowledge about child protection and they had access to policies and procedures for safeguarding. One GP with level 3 training took the lead for safeguarding. Staff put alerts onto patient's electronic records when safeguarding concerns were raised. Urgent access appointments were available for children.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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 it was accessible, flexible and offered continuity of care. The practice offered electronic prescribing and an online appointment services which provided flexibility to working patients and those in full time education. The practice offered drop in clinics for services such as flu vaccinations and early morning appointments from 7.30am Monday to Friday. Health checks were offered to patients who were over 40 years of age to promote patient well-being and prevent any health concerns.

People whose circumstances may make them vulnerable

Good



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 24 patients with a learning disability and annual health care reviews were provided to these patients. Staff 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. However they had not all received up to date safeguarding training.

People experiencing poor mental health (including people with dementia)

Good



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 and carry out health checks. The practice staff liaised with other healthcare professionals to help engage these patients to ensure they attended reviews. Staff were knowledgeable in regard to consent and supporting patients in obtaining consent however they had not received updated training in consent and the Mental Capacity Act 2005. The practice were able to refer patients to the 'Mental Health Assessment Team' in accordance with each person's individual circumstances.

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 342 survey forms distributed for Dr M Soares' Practice and 111 forms were returned. This response represents 2% of the patient population. The practice scored higher than average in relation to patients trusting their GP and nurses and in their overall experience at the practice and in making appointments. For example:

- 92.6% of respondents say the last GP they saw or spoke to was good at listening to them compared to the CCG average of 88.1% and the National average was 88.6%..
- 95.9% had confidence and trust in the last GP they saw or spoke to compared to the CCG average of 93.7% and the National average was 95.2%
- 98.2% say the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 92.2% and the National average was 91.9%.
- 100% of respondents had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 97.3% and the National average was 97.1%.
- 88.3% describe their overall experience of this surgery as good compared to the CCG average of 85.6% and the National average was 84.8%.

- 84.3% describe their experience of making an appointment as good compared to the CCG average of 75.1% and the National average was 73.3%.
- 81.9% would recommend this surgery to someone new to the area compared to the CCG average of 75.5% and the National average was 77.5%.

The results indicated the practice could perform better in certain aspects around discussions with the GP. For example:

- 84.7% say the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 86.6% and the National average 86.6%.
- As part of our inspection process, we asked patients to complete comment cards prior to our inspection. We received 29 comment cards and spoke with three patients and three members of the patient participation group (PPG). (The PPG is made up of practice staff and patients that are representative of the practice population. The main aim of a PPG is to ensure that patients are involved in decisions about the range and quality of services provided.) Patients told us that doctors and nurses were very good and they felt safe in their care, they were happy with the standard of care provided and they were complimentary about the reception team.

Areas for improvement

Action the service **MUST** take to improve

- Take action to ensure its recruitment policy, procedures and arrangements are improved to ensure necessary employment checks are in place for all staff and the required information in respect of workers is held. **Health and Social Care Act 2008 Fit and Proper Person Employed. (Regulated Activities) 2014 Regulations 19 1)2)4)5)**

Action the service **SHOULD** take to improve

- To ensure safeguard training is available and provided for all staff in regard to vulnerable adults and children and ensure staff are updated in the level of training needed for their role.
- To ensure all serious incidents of risk and complaints are shared with all staff to help improve shared learning within the practice and to help staff understanding of any lessons learnt.

Summary of findings

- To provide an updated fire risk assessment that ensures clear arrangements are in place for managing all aspects of fire safety within the practice.
- To review training records to ensure that all staff have evidence of updated training relevant to their role.
- To review all policies and procedures to ensure they are up to date with necessary guidance for staff.

Dr M Soares' Practice

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 M Soares' Practice

Dr Suarez's Surgery was based in a residential area within Huyton close to local amenities. There were 4830 patients on the practice list at the time of our inspection. The practice was in an area identified as having high levels of deprivation. The practice had two partners and three salaried GPs working at the practice, one full time GP is female and the two part time GPs are male. They also had one practice nurse, reception staff, administration staff, a business manager and a data quality and performance manager. The practice manager had recently left and the practice had commissioned the services of business managers who helped the practice consolidate the work at the practice.

The practice is open Monday to Friday from 7.30am to 6.30pm. Outside of this time the practice uses UC 24 Urgent Care. Knowsley Primary Care Trust is responsible for the commissioning of this service.

The practice has a Primary Medical Services (PMS) contract. In addition the practice carried out a variety of enhanced services such as shingles vaccinations and avoiding unplanned admissions to hospital.

Why we carried out this inspection

We carried out a comprehensive inspection of the service 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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10th November 2015. During our visit we:

- Spoke with a range of staff including; the GP's, practice nurse, the practice manager, the medicines management lead person who works for the provider and administration staff.
- Spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed information from CQC intelligent monitoring systems.
- Reviewed patient survey information.
- Reviewed various documentation including the practice's policies and procedures.

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
- People experiencing poor mental health (including people 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

Knowsley 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. However the practice did not have effective systems in place to share and discuss significant events with the whole team. The GPs met informally on a daily and weekly basis and discussed events but there was limited evidence of learning disseminated and shared with all staff. The practice had a low number of recorded events; we looked at a sample recorded for the last year. Staff acknowledged the need to capture all events within their recording system and share these with the wider team. They advised that their review would ensure they recorded a larger remit of events to help share good practice within the team. Some of the staff team that we spoke with were not aware of some of the recent significant events.

Overview of safety systems and processes

The practice could demonstrate aspects of safe management for risks including infection control, medication and staffing. However there were gaps within safeguarding, health and safety and managing recruitment files that needed improvements.

- Recruitment checks were carried out and we reviewed a sample of staff files to look at what 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. Staff records were organised for most of the staff files seen. However, one staff file had no evidence of any recruitment checks in place.
- The building was a residential build that had been adapted to provide suitable facilities on the ground floor and office space on the first floor. There were procedures in place for monitoring and managing risks to patient and staff safety. The practice did not have an overarching fire risk assessment however they had individual fire safety checks on the fire systems with regular fire drills and identified fire wardens. They had a business continuity plan to help them plan and record what actions they would take in the event of an emergency. 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 arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. We looked at a sample of vaccinations and found them to be in date. There was a policy for ensuring that medicines were kept at the required temperatures and described the action to take in the event of an emergency. Emergency drugs were stored appropriately in a locked room and were easily accessible to staff in a secure area of the practice. All of the medicines we checked were in date and fit for use. The practice had a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises. Oxygen was available although it was not stored securely and there was no signage to advise people that oxygen was being stored in the room. The oxygen cylinder had an adult mask available but did not have a child mask accessible if needed. Staff told us they would ensure they had a suitable mask available for children following our visit. The practice carried out regular medicines audits, with the support of the local CCG pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- 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 with level three training for safeguarding for children. 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. They had provided extensive support and input to the management of the safeguarding referral. However some staff had not received training in safeguarding for vulnerable adults and there were gaps in the training records overall for safeguarding were some staff had not received this training.

Are services safe?

- 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.
- 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 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 and their most recent infection control audit in July scored 96%. It identified no major concerns and noted well managed systems in place for managing infection control. Staff advised that plans for their new building would incorporate more clinic rooms with updated purpose built facilities.
- 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 patient's needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

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 NICE (The National Institute for Health and Care Excellence) guidelines and had systems in place for staff to access the guidance on line.

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 registers.

The practice took part in the 'avoiding unplanned admissions to hospital scheme' which helped reduce the pressure on A&E departments by treating patients within the community or at home instead of hospital. We spoke with the GPs and practice nurses who understood the relevant consent and decision-making requirements of legislation and guidance. However we noted some gaps in their overall training matrix including the lack of training supplied to staff on the 'Mental Capacity Act 2005.'

Protecting and improving patient health

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 and smoking. Patients who had long term conditions were followed up throughout the year to ensure they all attended health reviews. The practice worked closely with their community staff. They used their 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients

nearing the end of their life) to review patients on their palliative care list with their multi-disciplinary team including their district nurses and Macmillan nurses.

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 2 year olds ranged from 91.3% to 100.0% and the CCG averages ranged from 83.6% 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 including 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 practice had achieved 97.3% of the total number of points available with an exception score of 3.6%. 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. Staff had designated roles to follow up appointments with patients to improve attendance rates and the practice employed a data manager who monitored their results and performance figures for QOF. Data from 2014-2015 showed:

- The percentage of patients with hypertension having regular blood pressure tests was higher than the national average. Practice rate was 84.13% and National rate was 83.11%.

Are services effective?

(for example, treatment is effective)

- Performance for diabetes related indicators was higher than the national averages for the percentage of patients with diabetes, on the register, who had influenza immunisation. Practice rate was 94.47% and the national rate was 93.46%.

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. Clinical audits demonstrated quality improvement. Findings were used by the practice to improve services. For example: One completed clinical audit looked at improving safe prescribing practices for patients receiving treatment with anti-platelets (anti platelet drugs are a generic term and can be used for arterial clots.) They had reviewed this audit in line with NICE guidance and the results were shared amongst the GPs. Following the audit patients were invited for a review and the audit showed improvements made to their treatment plans.

A further completed audit reviewed the monitoring of high risk drugs in March 2015 and October 2015. The review identified patients receiving a number of considered 'high risk' medications and reviewed the quality of the service provided and recorded for each patient. Action plans identified good monitoring and some areas of improvement with plans to re-audit in six months' time.

Effective staffing

Staff had the knowledge and experience to deliver effective care and treatment, however aspects of training updates needed reviewing.

- The practice had an induction programme for newly appointed members of staff however they did not have induction packs for locum staff. Staff felt happy and supported and most had worked at the practice for many years with the lead GP. We noted various gaps in the overall training matrix including topics such as safeguarding and the Mental Capacity Act. Staff told us they would be taking action to ensure all staff were up to date with any identified refresher training necessary for their role.

The practice did have regular learning sessions at the practice and some staff attended CCG education events. The lead GP had previously organised an away day for the whole team. The practice learning sessions provided opportunities to identify improvements to the service and for shared learning. All GPs were up to date with their yearly appraisals. GPs were up to date with their appraisals and revalidation. (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.)

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous to patients and treated people with dignity and respect. They were observed being very helpful to patients attending the practice during our visit.

- Curtains were provided in consulting rooms to maintain patient's privacy and dignity during examinations and treatments.
- We noted that consultation and treatment room doors were closed during consultations.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 29 comment cards; spoke with three patients plus three members of the PPG. All comments raised by patients indicated that patients found the staff helpful, caring and polite and they described their care as very good. Patients told us they had been coming to the practice for years including their whole families and were happy with the standard of care provided. Staff told us that they put their patient care at the core of everything they did. Patients were very positive about the service they received from the practice. PPG members told us they were satisfied with the care provided by the practice. They were a new group in the process of being established and had started to have regular engagement with the practice staff and felt well respected and listened to.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Staff offered support to bereaved families ensuring they signposted them to relevant organisations for support. The practices' computer system alerted GPs if a patient was also a carer and a carer's register was in place with 20 patients identified.

The practice staff sent out bereavement cards to their patients who had experienced a death within their family. They also sent out birthday cards to their patients who had reached 100 years of age and to parents on the birth of their new born to congratulate them.

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:

- 98.2% say the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 92.2% and the National average of 91.9%.
- 100% had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 97.3% and the National average of 97.1%.
- 95.9% had confidence and trust in the last GP they saw or spoke to compared to the CCG average of 93.7% and National average of 95.2%.
- 88.3% describe their overall experience of this surgery as good compared to the CCG average of 85.6% and the National average of 84.8%.

There were some areas for improvement at the practice, which related to patients opinions about being good at giving patients enough time For example:

- 84.7% say the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 86.6% and the National average of 86.6%.

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.

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:

- 89.4% of respondents say the last GP they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 84.5% and the National average of 86.0%.
- 93.7% say the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 89.5% and the National average of 84.8%.

Are services caring?

- 79% with a preferred GP usually get to see or speak to that GP compared to the CCG average of 63.9% and the 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. There was an active PPG which had started to meet on a regular basis. They had actively discussed various topics with practice staff. 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 respected. They had been involved in the installation of an easy to operate self-check-in system which allowed patients to book in for their appointment without needing to speak to a receptionist. This helped to alleviate queues at the reception desk. Notes of the PPG meetings were stored on the practices' website so that all patients could access the details they discussed. The PPG group and the practice staff worked together within the local community to support the need for a new building for their practice. They had been successful in their request and hoped that their new building would start being built in 2016 on land adjacent to the practice.

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 and for the high proportion of residents in care homes (approximately 70 patients registered with the practice).
- Urgent access appointments on the day were available for children and those with serious medical conditions.
- 'Looked after children' were prioritised by the practice to ensure they had timely reviews.
- There were translation services available. The practice had a number of Polish and Chinese patients. The practice organised the services of an interpreter for these patients who offered to attend the consultation if needed.

- All reception and administrative staff undertook 'Breastfeeding awareness training' in 2013 and the practice was a "Breastfeeding Friendly" practice. A room was offered to breastfeeding patients.
- The practice had various notice boards which included: PPG information, carer's information, health promotion material and sign posting for the contact details for various organisations.

Access to the service

The practice offered pre-bookable appointments, on line bookings and book on the day appointments. Repeat prescriptions could be ordered by attending the practice or via electronic prescribing. The practice was open Monday to Friday from 7.30am to 6.30pm. Outside of this time the practice used UC24. Staff constantly reviewed the accessibility of appointments for their patients and presented a well-managed system. Patients appreciated the early morning open times which helped fit in with their work patterns.

People told us on the day that they were able to get appointments when they needed them and were happy with the services received from their practice. Results from the national GP patient survey showed overall positive results about how appointments were managed which were comparable to and above the local CCG and national averages. For example:

- 85.6% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82.6% and the National average of 85.2%.
- 75.5% of respondents find it easy to get through to this surgery by phone compared to the CCG average of 77% and the National average of 73.3%.
- 97.2% say the last appointment they got was convenient compared to the CCG average of 95.3% and the National average of 91.8%.
- 79.3% usually wait 15 minutes after their appointment time to be seen compared to the CCG average of 61.6% and the National average 64.8%.
- 93.8% find the receptionists at this surgery helpful compared to the CCG average of 89.5% and the National average 86.8%.

Are services responsive to people's needs?

(for example, to feedback?)

- **Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. The 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. There had been a low number of recorded complaints over the last 12 months.

We found they had been handled satisfactorily and dealt with in a timely way. The practice offered an apology to any patient who felt that the services offered had fallen below the standard patients had a right to expect. However we noted that complaints and any lessons learnt had not always been shared with all staff at the practice. This was a missed opportunity to share lessons practice wide and to help inform staff of improvements and changes made to the practice.

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 identified various values, aims and objectives within their statement of purpose. 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. Patients spoken with during our inspection gave positive comments that aligned with some of the statements particularly with regards to being provided with a good service from a knowledgeable and caring team that had good values.

Governance arrangements

Governance systems worked informally within the practice. Staff advised they would review policies and procedures and ensure appropriate systems were in place in managing the practice. Main policies such as consent and infection control were available and accessible to everyone although we noticed that some policies had last been reviewed in 2008 and would benefit from being reviewed and updated. Staff told us they felt well supported by the lead GP and by the external business managers who had recently started working with them at the practice.

Staff were confident that they could raise any concerns. The staff team were fully supportive of the lead GP. They had worked at the practice for many years creating great stability amongst the team and amongst their patients who they knew very well.

Governance systems in the practice included:

- Practice specific policies were implemented and were available to all staff.
- Acting on any concerns raised by both patients and staff.
- A system of continuous clinical audit cycles helped demonstrate an improvement in patients' welfare.
- Clear methods of communication with healthcare professionals to disseminate best practice.
- Some areas of development acknowledged by the GPs included:
- A staffing structure was in place however it would benefit from defining staff roles and responsibilities within the team to show a joined up approach in how the service was managed and reviewed.

- The practice had a system of reporting incidents without fear of recrimination, although the staff acknowledged further improvements were needed with sharing information about lessons learnt practice wide.

Leadership, openness and transparency

The doctors in the practice had the experience and capability to work at the practice and ensure good quality care. Their values were evident in driving them to deliver good quality care day to day. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues and were confident in doing so. Informal systems had worked well for the GPs but they acknowledged further work was needed in defining all staff members' roles to help in developing the practice for the future.

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

The practice had gathered feedback from patients through the patient participation group (PPG) and the National Patient survey. The PPG members told us of plans for the future in engaging with the practice and identifying the future views of patients at the practice. They felt listened to and had various examples where the practice had acted on their suggestions. They made various suggestions to include them in the design for the new GP practice so that it reflected the views and requests of patients. 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 they felt well supported and we could see the staff engaged with team away days, practice learning events, training within the CCG and events managed for practice nurses via their practice nurse forum. We noted that the GPs organised their own training and there were gaps to some of the overall training records covering all practice staff. However the business managers had started to review the overall training matrix to help them to organise training where needed for each staff member.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
Family planning services	Regulation 19 HSCA (RA) Regulations 2014 Fit and Proper Person Employed.
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	One staff file had no evidence of any of the required checks that needed to be in place to show safe recruitment.