

Ormskirk House Surgery

Quality Report

103 Crab Street,
St Helens,
Merseyside,
WA10 2DJ
Tel: 01744 624808
Website: www.ormskirkhousesurgery.co.uk

Date of inspection visit: 2015/20/10
Date of publication: 03/12/2015

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	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	11
Background to Ormskirk House Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	24

Overall summary

We carried out an announced comprehensive inspection at Ormskirk House Surgery on the 22nd October 2015. Overall the practice is rated as good.

Our key findings were as follows:

- Improvements were needed in regard to mitigating safety due to gaps in audits and records for safety checks for temperatures of refrigerators, emergency drugs and equipment, managing fire safety and emergency procedures.
- 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 had reported patients at risk. However, there were gaps in staff training where some staff had not received safeguard training for vulnerable adults.
- The practice had good facilities in a purpose built building with disabled access and a lift to the second floor consulting rooms. 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.
- The practice had a Patient Participation Group. They made suggestions throughout the year to help improve the service provided by the practice.
- Information about services and how to complain was available on the practice's website, but not within the reception area. Complaint records had detailed information to show how they had been investigated.
- Staff had delegated duties distributed amongst the team. However, the practice manager's role was still developing and work was needed to develop a clear leadership structure. Staff felt supported by management and they felt that since the promotion of the practice manager the practice was developing in the right direction.

Summary of findings

There were areas of practice where the provider needs to make improvements.

Action the provider **MUST** take to improve:

- Ensure that health and safety arrangements including risks assessments are reviewed and accessible to all staff and state clearly what actions are in place to maintain people's safety. **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 12 Safe care and treatment 1)2)a)b)c)d)g)**

Action the provider **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 share all serious incidents of risk and complaints with all staff to help improve shared learning within the practice.
- To develop risk assessments and guidance regarding the decision to not carry emergency drugs in GP bags and for not storing oxygen within the practice.

- The systems in place for monitoring medicines including their storage and expiry dates of equipment should be improved to ensure continuous safety checks.
- To review training records to ensure that all staff have evidence of updated training relevant to their role and patient needs.
- Review processes for accessing appointments and practice waiting times for appointments.
- To review policies and procedures to ensure necessary written guidance is in place to cover 'Business continuity plans' and 'Governance systems' within the practice to help mitigate risks of health and safety within the practice.

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 registered GP was the named lead for safeguarding within the practice. However, some staff had not received training in the safeguarding of vulnerable adults and there were gaps in training and updates needed for safeguarding of vulnerable children. 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 each event. The premises were clean and tidy. However the staff did not have access or knowledge of their safety arrangements for fire risk assessments, environmental risk assessments or business continuity plan to implement in the event of an emergency. Although the practice staff had systems in place for recording and checking supplies of emergency medications, equipment, temperatures and storage of vaccines, we saw gaps in these records and out of date equipment such as needles and syringes. Staff updated their supplies and notified the inspection team that all expired equipment had been removed from the practice clinic rooms. There were sufficient numbers of staff. Recruitment checks were carried out and recruitment files were well managed.

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. Staff referred to guidance from National Institute for Health and Care Excellence (NICE.) Patients' needs were assessed and care was planned and delivered in line with national guidance. Training records did not include all clinical staff, although the practice manager was updating the training records to establish what updates were needed for 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, supportive 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 their patients well.

Good



Summary of findings

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 but some patients indicated improvements were needed to waiting time and access to the practice. The practice were aware of this and planned further changes to address this. Patients were positive about accessing appointments and data was comparable and aligned with how the appointments were managed. The practice had good facilities and was well equipped to treat patients and meet their needs. Although staff had access to translation services not all staff were aware of this service being available. 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. Learning from complaints had not always been shared with all staff.

Good



Are services well-led?

The practice is rated as good for being well led. Staff felt supported by management and they felt that since the promotion of the practice manager the practice was developing in the right direction. The practice had a large number of policies and procedures although we noted some gaps were they had no access to policies covering governance or quality assurance arrangements. Governance systems needed formalising to help develop the practice staff roles. There were informal systems in place to monitor and identify risk. The GPs met daily and weekly with minuted notes to review all aspects of care and management of the practice. Following the appointment of the practice manager, all staff had started to receive performance reviews, attend recent practice wide meetings and provided with access to e learning (computer based training.) 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. There was an up to date registers of patients' health conditions and this information was used to plan reviews of health care and to offer services such as vaccinations for flu and shingles. The practice staff met with the community matron and multi-disciplinary professionals on a regular basis to provide support and access specialist help when needed. The practice carried out home visits and reviewed patients who lived at home and those people who lived in care homes.

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 annual reviews to check that their health and medication needs were being met. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs with their community matron. The practice managed a warfarin clinic to enable patients to attend the clinic which they found convenient.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Child health surveillance and immunisation clinics were provided. Immunisation rates were comparable and sometimes exceeded local CCG benchmarking for all 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. However, some of the practice staff had not received updates to their safeguarding training. One GP with level 3 training took the lead for safeguarding. Staff put alerts onto a patient's electronic record when safeguarding concerns were raised. Patient information sign posted young people

Good



Summary of findings

to sexual health services in the building which was easily accessible to their patients. Urgent access appointments were available for children and appointments after school hours including three late nights a week provided extended hours to more convenient appointments. The staff sent out 'congratulations cards' to new parents to help inform them of the services available. The practice had facilities for baby feeding, promoting breast feeding and provided baby changing facilities.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of this group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered online prescription ordering and an online appointment services. Patients could book appointments in person, on-line or via the telephone and repeat prescriptions could be ordered on-line which provided flexibility to working patients and those in full time education. The practice offered drop in clinics for services such as flu vaccinations, maternity clinics and smoking cessation. They also held a flu vaccination clinic each Saturday morning. Health checks were offered to patients who were over 40 years of age to promote patient well-being and prevent any health concerns.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice was aware of patients in vulnerable circumstances and ensured they had appropriate access to health care to meet their needs. For example, a register was maintained of patients with a learning disability and annual health care reviews were provided to these patients. The practice had a shared care clinic running with the local 'Addaction Service' (drug support organisation). They had 10 patients registered for support with drug related issues and reviewed these patients regularly within the shared care scheme. 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.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients with mental health problems in

Good



Summary of findings

order to regularly review their needs and to carry out annual health checks. They had 79 patients on the Mental Health Register with up to 61% of patients having already agreed with their care plan up to October 2015. The practice staff liaised with other healthcare professionals to help engage these patients to ensure they attended reviews. 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 310 survey forms distributed for Ormskirk House Surgery and 109 forms were returned. This response relates to 1.5% of the patient population. The practice were comparable or scored higher than average in terms of patients' satisfaction with their overall experience, getting appointments, helpful receptionist staff, and speaking to the nurses and nurses listening to patients. For example:

- 84.7% describe their overall experience of this surgery as good compared to the Clinical Commissioning Group CCG average 84.2% and National average 84.8%.
- 92.1% say the last nurse they saw or spoke to was good at listening to them compared to the CCG average 92.6% and National average 91.0%.
- 91.1% find the receptionists at this surgery helpful compared to the CCG average 85.8% and National average 86.8%
- 86.7% were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG average 83.4% and National average 85.2%.

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

- 85.7% of respondents say the last GP they saw or spoke to was good at giving them enough time compared to CCG average 89.2% National average was 86.6%.

- 54.8% say they usually get to see or speak to their preferred GP compared to CCG average was 59% National average was 60.0%.
- 51.1% Find it hard to get through to this surgery by phone compared to CCG average was 31.8% National average was 26.7%.

The practice had developed a basic action plan in response to the lower than average results however the practice staff acknowledged further work needed to increase patient satisfaction in these areas.

As part of our inspection process, we asked patients to complete comment cards prior to our inspection. We received 14 comment cards and spoke with nine patients and two members of the PPG. (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) who regularly met with the practice staff.

All 25 patient comments indicated that patients found the staff helpful, caring, polite and they described their care as very good. A couple of patients felt there were difficulties at times when phoning for an appointment before 9am but felt they usually always got an appointment when needed. One person raised their concern in regard to their only being male GPs and felt that the practice should try to bring in the services of a female GP. The majority of patients were very positive about the service they received from the practice.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that health and safety arrangements including risks assessments are reviewed and accessible to all staff and states clearly what actions are in place to maintain people's safety. **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 12 Safe care and treatment 1)2)a)b)c)d)g)**

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.

Summary of findings

- To share all serious incidents of risk and complaints with all staff to help improve shared learning within the practice.
- To develop risk assessments and guidance regarding the decision to not carry emergency drugs in GP bags and for not storing oxygen within the practice.
- The systems in place for monitoring medicines including their storage and expiry dates of equipment should be improved to ensure continuous safety checks.
- To review training records to ensure that all staff have evidence of updated training relevant to their role and patient needs.
- Review processes for accessing appointments and practice waiting times for appointments.
- To review policies and procedures to ensure necessary written guidance is in place to cover 'Business continuity plans' and 'Governance systems' within the practice to help mitigate risks of health and safety within the practice.

Ormskirk House Surgery

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 Ormskirk House Surgery

Ormskirk House Surgery are based in a residential area within St Helens close to all local amenities. There were 8062 patients on the practice list at the time of our inspection. The practice has three partners, all male GPs, two practice nurses, a health care assistant, a practice manager, reception and administration staff. The practice is open on Monday and Friday from 8.30am to 6.30pm and Tuesday to Thursday 8.30am with extended hours to 7.30pm. Outside of this time the practice uses St Helens Rota. This is a conglomerate of GPs who provide out of hours cover.

The practice has a General Medical Services (GMS) contract. In addition the practice carried out a variety of enhanced services such as: providing shingles vaccinations.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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 22nd October 2013. During our visit we:

- Spoke with a range of staff, the GPs, practice nurse, healthcare assistant, the practice manager, the medicines management lead person, administration staff and 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.
- 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.

Detailed findings

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

St Helens Clinical Commissioning Group (CCG) reported no concerns to CQC about the safety of the service. The practice used a range of information to identify risks and improve patient safety. There was a system in place for reporting and recording significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via computer. However the practice did not have effective systems in place to share and discuss significant events to the whole team. The GPs met daily and weekly 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 three recorded for the last year. The GPs acknowledged that not all significant events had been fully documented although they had discussed events during informal discussions. They acknowledged the need to capture all events within their recording system and share 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 and told us they had not been given feedback in regard to a recent event that they had been involved with.

Overview of safety systems and processes

The practice could demonstrate some aspects of safe management for risks including infection control, medicines management and staffing, however there were gaps within safeguarding and health and safety that needed improvements.

- 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 and there was a lead GP for. 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. However, most staff had not received training in

safeguarding for vulnerable adults and there were gaps in the training records overall for safeguarding of vulnerable children were some staff had not received this training.

- The practice shared the building with other practices and had a landlord and estates management team who managed the building services. The building was purpose built and fully accessible. However, the practice did not have access to a fire risk assessment or environmental risk assessments for their practice. The practice had two identified fire wardens and staff told us they had weekly fire alarm checks within the building. However, fire training had not been regularly updated for staff and there were various gaps in the management of their training for necessary topics. 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.
- They did not have a business continuity plan to help them plan and record what actions they would take in the event of an emergency. Although staff told us they had a good relationship with the other practices sited within the building where they would all help each other in the events of any type of emergency that effected the day to day running of the practice
- The arrangements for managing emergency drugs and vaccinations needed further review and improvements to help improve safety arrangements. We looked at a sample of vaccinations and found them to be in date. However we noted gaps over the last three months in the checks of refrigerator temperatures in which the vaccinations were stored. These omissions mainly related to when the designated member of staff who usually recorded temperatures was off duty and there was no overview in taking responsibility for these safety checks in their absence. Each clinic room had an emergency box of syringes, needles and adrenaline to be used in emergencies. However we noted that in checking a sample of these supplies that syringes and needles were out of date and highlighted risks in their management of safety and the lack of overview and monitoring. The practice had a defibrillator (used to attempt to restart a person's heart in an emergency.) The practice had chosen not to store oxygen in the last 12 months despite their statement of purpose stating

Are services safe?

they provide oxygen in the event of an emergency. The staff had not developed an action plan or risk assessment to describe to staff what actions they would take in regard to a medical emergency and in regard to not having oxygen on site.

- Emergency drugs were stored appropriately in a locked cabinet. Regular checks were carried out but the documentation for audits were not clear in showing what drugs were checked each time a record was made. Staff said they would review their records to help make the checks clearer. Doctors had taken the decision to store some types of drugs in the event of an emergency but it wasn't clear how or why various drugs had been assessed as not needed. Staff agreed to review British Medical Association (BMA) guidance on the use and storage of emergency drugs. We noted that the GPs did not have emergency drugs stored in their doctor's bags. They had assessed this need and would refer to emergency services if needed. However there was no documentation of how these decision's had been made to help explain the process and rationale and share with the staff team.
- The practice worked with pharmacy support from the local CCG and we received very positive feedback from them regarding the level of engagement they had with the practice. They told us the practice were very receptive to changes and were keen to learn. They had identified good results in their data for prescribing at the practice. Data which had been benchmarked against other practices showed the practice as high achieving within St Helens CCG. Data showed improvements to their prescribing of antibiotics, hypnotics, non-steroidal and anti-inflammatory medications. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Safety alerts were well managed within the team and via the pharmacy lead. Prescription pads were securely stored and there were systems in place to monitor their use.
- 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 June 2015 scored 96%. Following the audit the practice had developed an action plan to update some parts of the environment such as the waiting room chairs which were due to be deep cleaned by an external contractor.
- 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). The GPs had reviewed the issue of all male GPs provided at the practice and felt the chaperone system worked well. They also had a facility onsite whereby patients could be referred to the sexual health clinic were patients had access to more female staff. 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.
- Recruitment checks were carried out and staff files that we sampled showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. The practice manager showed us records to demonstrate that arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice did not use locums and the staff team tried to support each other and stand in when needed to help ensure continuity for their patients.

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 or staff to access the guidance on line. The practice manager was new to her post and was developing staff meetings and advised she would ensure updates are also included in staff meetings to help ensure all staff were kept up to date.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record. For example, patients on the 'at risk' register, learning disabilities and palliative care register. The practice had installed a system called 'Contract Plus' which was a tool used within their computer system that helped them review coding's of all patients with a diagnosis which then helped alert staff when specific patients were due a review and when they were due blood tests. Following their coding and searches one example for results showed that up to October they had carried out 530 dementia assessments for their patients since 1st April 2015 and were continuing with their reviews.

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. Care plans were being developed and in place for some patients.

We spoke with the GPs, practice nurse and health care assistant 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 for 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, smoking and alcohol cessation. 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 matron and met with

her four times a week. 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.

The practice ran an effective warfarin clinic which reduced any inconveniences to patients in travelling to hospital for this service. The onsite clinic enabled patients to be managed by their own GP practice. They had 93 patients registered for this clinic and had seen an increase up to June 2015 of patients maintained within their therapeutic range.

The practice managed a shared care clinic with the local 'Addaction Service.' They had 10 patients registered for support with drug related issues and reviewed these patients regularly within the shared care scheme. They provided quarterly health checks to these patients with the support of a key worker who attended with the patient.

Childhood immunisation rates for the vaccinations given were above average when compared to CCG averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 92.2% to 100% and the CCG averages ranged from 90.9% to 98.2%.

They had identified 175 patients on their carers register and up to the end of October 2015 they had provided flu vaccinations to 102 patients who were carers.

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, test results and the development of care plans. Information such as NHS patient information leaflets were also available. Incoming mail such as hospital letters and test

Are services effective?

(for example, treatment is effective)

results were read by a clinician and then scanned onto patient notes by reception staff. Arrangements were in place to share information for patients who needed support out of hours.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). (QOF is a voluntary incentive scheme for GP practices in the UK). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. QOF results from 2014-2015 showed the results being 99.2% of the total number of points available with an exception score of 2.1%. 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. 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 87.14% and National rate was 83.11%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months. Practice rate was 89.47% and the National rate was 83.82%.
- Performance for diabetes related indicators was higher than the national averages for the percentage of patients with diabetes, on the register, who have had influenza immunisation. Practice rate was 98.44% and the national rate was 93.46%.

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. Examples of completed audit cycles included:

- Monitoring of liver function tests and thyroid function on patients prescribed 'amiodarone' (amiodarone is used in the treatment of certain arrhythmias particular when

other drugs are ineffective or contraindicated). The audit was to help ensure compliance with recommended guidelines. It helped identify patients who were overdue for their blood tests and provided a more robust system for regular monitoring. The full audit cycle including the re audit carried out on the 15th October 2015 helped to show improvements in the care management of these patients.

- The second clinical audit looked at improving safe prescribing practices for patients receiving treatment with biological drugs used to treat some rheumatic diseases (these drugs are initiated and prescribed in hospitals only.) The aim of the audit was to ensure there was a record of the drug on the current medication lists in the patients GP medical records and to ensure the records clearly indicated that the drugs were only to be prescribed by the hospital. Results of the first audit in September 2015 and the re audit in February 2015 indicated improvements and 100% compliance for all relevant patients following the re audit. The re audit provided good information to show improvements in safe prescribing.

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. Staff felt happy and supported especially since the practice manager had been internally promoted and commenced in post. The practice manager had identified a number of areas in need of development including improving the management and overview of staff training needs and for all staff to have regular appraisals. We noted various gaps in the overall training matrix. The documentation was lacking evidence that staff were up to date in a variety of training necessary for their role, including fire safety, safeguarding, first aid and the Mental Capacity Act. The practice manager had recently commenced staff appraisals in September and aimed to organise regular support for all staff throughout the year. The practice did have regular practice learning sessions at the practice at least monthly and they also attended

Are services effective?

(for example, treatment is effective)

regular CCG education events. The practice learning sessions gave future opportunities to identify improved structures for shared learning and review overall management of clinical governance of the practice.

- All GPs were up to date with their yearly appraisals. (Every GP is appraised annually, and undertakes a fuller

assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.)

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people with dignity and respect and very helpful to patients both attending at the reception desk and on the telephone.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations 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 14 comment cards, spoke with nine patients plus two members of the patient participation group. All 25 patients indicated that they found the staff helpful, caring, polite and they described their care as very good. Patients told us they were happy with the standard of care provided and they were very complimentary about the practice staff. One person felt that the practice should try to bring in the services of a female GP. The majority of patients were very positive about the service they received from the practice. Some staff had worked at the practice for many years and knew their patients well. We spoke with two members of the Patient Participation Group (PPG) on the day of our inspection. They told us they were satisfied with the care provided by the practice and that they had 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 sent cards to bereaved families and offered them support ensuring they signposted them to relevant organisations for support. The practice's computer system alerted GPs if a patient was also a carer and a carer's register was in place with 175 patients identified.

The practice website advised they had access to translation services available for patients who did not have English as a first language however not all staff were aware they had this facility.

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:

- 96.5% say the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average 92.9% and National average 91.9%.
- 90.6% say the last nurse they saw or spoke to was good at treating them with care and concern compared to the CCG average 91.5% and National average 90.4%.
- 96.4% had confidence and trust in the last GP they saw or spoke to compared to the CCG average 95.9% and National average 95.2%.
- 93.6% had confidence and trust in the out-of-hours clinician they saw or spoke to compared to the CCG average 88% and National average 80.7%.

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

- 85.7% say the last GP they saw or spoke to was good at giving them enough time compared to the CCG average 89.2% and National average 86.6%.
- 83.1% Say the last GP they saw or spoke to was good at listening to them compared to the CCG average 89.3% and National average 86.6%.
- 79.8% Say the last GP they saw or spoke to was good at treating them with care and concern compared to the CCG average 89 86.2% and National average 85.1%.
- 96.1% had confidence and trust in the last nurse they saw or spoke to compared to the CCG average 97.1% and National average 97.1%.

The practice had developed a brief action plan in response to the survey. However they acknowledged further work needed to be reviewed to see what actions would be more effective in increasing patient satisfaction in these areas.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patients told us they

Are services caring?

never felt rushed whenever they went to see the nurse or their GP. Patient feedback on the comment cards we received was also very positive and aligned with these views.

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

- 86.1% of respondents say the last GP they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 86.5% and national average of 86.0%.
- 90.9% say the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 91.5% and national average of 89.6%.

- 89.1% say the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 84.8%.

There were some areas for improvement at the practice, which related to patients being involved in decisions with their GP and in accessing their preferred GP.

- 76.6% say the last GP they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 83.1% and national average of 81.4%.
- 54.8% with a preferred GP usually get to see or speak to that GP compared to the CCG average of 59% and national average of 60.0%.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to improve outcomes for patients in the area. The practice offered a range of enhanced services such as the warfarin clinic managed within the practice. This was a positive initiative that was convenient and of benefit to local patients as it meant they didn't have to make the journey to their local hospital for this service. The practices shared care with Addaction helped the practice support vulnerable patients with drug problems and helped provide a local service to help with their health care needs. The practice were good at providing services for their vulnerable patients and responding to their needs.

There was an active PPG which met regularly. They had discussed various topics with practice such as, staff, electronic ordering of prescriptions, waiting times and privacy within the open plan reception area. The PPG were in the process of developing their role and plans for the future with engaging with patients and the practice staff. Representatives from the PPG told us they felt listened to and involved in the operation of the practice. Following one of their suggestions the practice had installed a privacy barrier within reception to help improve on providing some privacy to patients within the open plan environment. They were discussing accessing telephones to the practices and were monitoring this based on the feedback from the practice regarding faults with the telephone line. During our visit, the practice experienced a fault with one of their telephone lines which was out of operation until after 9am when the maintenance team started work.

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

- There were longer appointments available for people with a learning disability and long term conditions.
- Home visits were available for elderly patients, housebound patients, those residing in residential care or nursing homes.
- Urgent access appointments on the day were available for children and those with serious medical conditions.
- There were translation services available although some staff were unaware they had this facility. However we

found no other adapted formats of literature on display such as large print or use of easy read documents to help people with specific needs better understand information relevant to them.

- The building was purpose built with lift access to each floor and suitable disabled facilities. They had a private room within the reception area for any patient wanting to discuss something in private.
- The practice had various notice boards including carer's information, health promotion material and sign posting contact details for various organisations.

Access to the service

The practice offered pre-bookable appointments in advance, book on the day appointments and telephone consultations. Repeat prescriptions could be ordered online or by attending the practice. The practice is open Monday and Friday from 8.30am to 6.30pm and Tuesday to Thursday 8.30am with extended hours to 7.30pm. Outside of this time the practice uses St Helens Rota. This is a conglomerate of GPs who provide out of hours cover.

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. Two people said on occasions there was a problem with the phone lines. Results from the national GP patient survey showed some positive results which were comparable to the local CCG and national averages. For example:

- 86.7% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83.4% and national average of 85.2%.
- 95% say it's easy to telephone the out-of-hours service compared to the CCG average of 91.5% and national average 76.9%.
- 91.1% find the receptionists at this surgery helpful compared to the CCG average of 85.8% and national average 86.8%.

However results below show areas of improvements needed in response to results relating to getting through to the surgery, convenience of appointments and waiting times.

- 48.9% of respondents find it easy to get through to this surgery by phone compared to the CCG average of 68.2% and national average of 73.3%.

Are services responsive to people's needs?

(for example, to feedback?)

- 91.2% say the last appointment they got was convenient compared to the CCG average of 92.4% and national average of 91.8%.
- 66.3% usually wait more than 15 minutes after their appointment time to be seen compared to the CCG average of 28.1% and national average of 27.1%.
- 69.9% are satisfied with the surgery's opening hours compared to the CCG average of 74.3% and national average of 74.9%.

The practice had developed a very brief action plan in July 2015 responding to the above results. The action plan advised patients to try and attend the practice with one problem per appointment and they had given patients advice regarding telephoning at specific times outside peak hours if they were calling for results. The practice manager discussed lots of ideas that she wanted to trial and review to help improve patient satisfaction in regard to the above results. The practice manager had acknowledged areas in need of improvement. Further work was needed within the practice to produce a detailed action plan including all initiatives raised by staff so they could be effectively monitored for improvements.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available on the website but not accessible within the reception area. There had been a low number of recorded complaints over the last 12 months which we reviewed. 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 services offered had fallen below the standard patients had a right to expect. However, we noted complaints and actions taken had not been shared with staff. This was a missed opportunity to share lessons learned practice wide and to help inform staff of improvements and changes made to the practice. The practice manager had recently set up whole staff meetings and said she would include complaints and significant events as regular topics for discussions.

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 staff had identified various values, aims and objectives within their statement of purpose. They included the statements:

‘To provide the highest quality NHS general medical services available under the NHS; To focus on prevention of disease by promoting good health and prophylactic medicine; To ensure that patients are seen by the most appropriate healthcare professional as quickly as possible as dependent upon their presenting complaint; To provide patients with an experience and environment that is comfortable, friendly, professional and relaxing and covers all aspects of health and safety requirements and to involve other professionals in the care of our patients where this is in the patient's best interests; for example, referral for specialist care and advice.’

Some of the 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. However some of the staff were not aware of the values defined within the practices statement of purpose. Patients spoken with during our inspection did give positive comments that aligned with some of the statements such as: in regard to being provided with a good service from a friendly caring team that had good values and good access to clinics and health professionals.

Governance arrangements

The practice did not have a clinical governance policy in place. Recording of documentation was weak and in need of improvement. Governance systems worked informally within the practice. Staff advised they would review policies and procedures to ensure appropriate systems were in place to help identify clearer roles in managing the practice and in defining areas of responsibility within the team. Staff told us they felt well supported by the GPs and the practice manager, they were confident that they could raise any concerns. The practice manager was new to her role and had been promoted internally. Her staff team were fully supportive of her and acknowledged some improvements at the practice following her approach and her delivery in management. Main policies such as consent and infection control were available and accessible to everyone. Staff we spoke with were aware of how to access the policies and

any relevant guidance to their role. Staff meetings implemented by the practice manager had recently been documented and included all staff. This was a new development and a positive improvement that we are keen to see continue. Regular continuation of these meetings will help to show evidence of continuous improvement and sustainability with communication and governance within the practice.

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 which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the staff team and other healthcare professionals to disseminate best practice guidelines especially the positive engagement with the CCG pharmacy lead and community matron.
- The GPs and all other clinicians were supported to address their professional development needs for revalidation and continuing professional development. The practice manager had started to organise regular appraisals for all other staff.

Some areas of development acknowledged by the GPs and practice manager included:

- The practice had a system of reporting incidents without fear of recrimination, although the staff acknowledged further improvements were needed with lessons learnt and to share that learning practice wide.
- 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.
- Management of risks and health and safety within the practice needed reviewing to ensure continual monitoring of effective safe strategies within the practice.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. Their values were evident in driving them to deliver good quality care day to day. The partners encouraged a culture of openness and honesty. 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

Are services well-led?

Good 

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

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.

The provider had confidence in their recently appointed practice manager who had already identified areas of development within the practice for training, accessing telephone lines, waiting times, learning from significant events, complaints, staff appraisals, and recording of regular team meetings. Staff recognised the benefits they had seen already with the new practice manager in post.

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 practice had developed a basic action plan in response to the results of the National Patient Survey. Although the plan was limited in describing what actions it was taking to monitor improvements in accessing appointments and waiting times, the practice manager did advise of further initiatives they would like to trial. 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. One recent request was in regard to the practice considering

telephone consultations that some patients felt maybe more convenient to them. 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 regular practice learning events, training within the CCG and events managed for practice nurses via their practice nurse forum. Training records had not been previously updated or appropriately managed. However the practice manager had started to review the overall training matrix to help them to organise training were needed for each staff member. The practice manager had also set up access to e learning (computer based training) training available for all staff. We looked at a sample of staff files and saw that appraisals had recently started to take place for the whole staff team since the appointment of the practice manager.

The practice staff had identified areas for improvement and shared these points for further development: including plans to improve recording of documentation, health and safety and develop regular practice wide team meetings.

The practice had developed some positive initiatives that benefited their patients including the onsite services of their warfarin clinic. The positive engagement and work with their community Pharmacist had demonstrated good outcomes to their patients care and treatment.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment The practice did not have access to fire risk assessments, environmental risk assessments, updated fire training for staff and they had out of date needles and syringes in clinic rooms. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 12 Safe care and treatment 1)2)a)b)c)d)g)
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	