Woolton House Medical Centre

Quality Report

4 Woolton Street, Woolton, Liverpool L25 5JA
Tel: 0151 428 4184
Website: www.wooltonhousemc.nhs.uk

Date of inspection visit: 20 October 2015
Date of publication: 17/12/2015

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?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Woolton House Medical Centre on 15 September 2015. Overall the practice is rated as **good.**

Specifically, we found the practice to be good for providing safe, well-led, effective, caring and responsive services. It was also good for providing services for all the population groups it serves.

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.

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

- Systems were in place to ensure incidents and significant events were identified, investigated and reported. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents. However, information about incidents and how they were reported required improvement.
- Patients' needs were assessed and care was planned and delivered in line with best practice guidance. Staff received training appropriate for their roles and any further training needs had been identified and planned.
- Patients spoke positively about the practice and its staff. They said they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available, this was provided in different languages and was easy to understand for the local population.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care. Urgent appointments were available on the same day.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw several areas of outstanding practice including:

- The practice proactively identified patients aged over 75 years who were socially isolated and lonely. Patients were then referred to the practice health trainer for on-going support and contact. The practice developed with the trainer a monthly 'afternoon tea party' as a social event. This initially took place in the practice but because of its success, it now takes place in the local village hall. The practice provided information to show that over the previous 10 months over 135 patients had attended these events. Within this figure 50% of patients had been visited first in their own homes by the health trainer to encourage and support them in their own home initially.
- To further support socially isolated patients the lead GP also set up a local charity with support from local churches and community groups. The organisation named Woolton Community Life developed a community directory booklet which included all activities in and around the village for people to get involved with.

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

The provider should:

- Ensure recruitment procedures include the necessary employment checks for all staff. This must include a Disclosure and Barring Service (DBS) check for any staff with chaperoning responsibilities or a risk assessment supporting the decision not to undertake this check.
- Review the records made of serious events and incidents to ensure that risks have been appropriately identified and actions plans have been put into place to enable closer monitoring of safety risks to patients.

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?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Some staff with chaperoning responsibilities did not have a Disclosure and Barring Service (DBS) check completed. Risks to patients were assessed and well managed although improvements were needed to the reporting of incidents.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for almost all aspects of care. Feedback from patients about their care and treatment was strongly positive. We observed a patient-centred culture. Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their

Summary of findings

needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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

Outstanding ☆

The practice is rated as outstanding for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care.

The practice proactively identified patients aged over 75 years who were socially isolated and lonely. The practice acknowledged that loneliness could have a negative impact on the patients' health and well-being and they set up a data base to identify those patients at risk. Those patients who were thought to be suffering from loneliness were referred to the practice health trainer for on-going support and contact. The practice developed with the trainer a monthly 'afternoon tea party' as a social event. This initially took place in the practice but because of its success, it now takes place in the local village hall. We heard that for some patients this was the only social contact they had across each month. The practice showed that over the previous 10 months over 135 patients had attended these events. Within this figure 50% of patients had been visited first in their own homes by the health trainer to encourage and support them in their own home initially.

To further support isolated and lonely patients the lead GP also set up a local charity with support from local churches and community groups. The organisation named Woolton Community Life, developed a community directory booklet which included all activities in and around the village for people to get involved with. The aim was to bring people together to reduce social isolation and patient we spoke with during the inspection who were aware of this spoke highly of the lead GPs support for this.

People with long term conditions

Good ●

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

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 the working age population, those recently retired and students 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 was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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 held a register of patients living in vulnerable circumstances and had carried out annual health checks for people with a learning disability. They offered longer appointments for people with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. 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.

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 regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for

Summary of findings

patients with dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.	

Summary of findings

What people who use the service say

We reviewed the most recent data available for the practice on patient satisfaction. This was taken from the National Patient Survey in July 2015 and compliments received by the practice. We also reviewed the 32 Care Quality Commission (CQC) comment cards patients were invited to complete. The evidence from all these sources showed that patients were satisfied with how they were treated and confirmed that this was with respect, dignity and compassion.

The comments made by patients in the comments cards described the practice as a caring and supportive practice with staff who often went 'the extra mile' to meet the needs of patients. Patients stated that staff treated them with dignity and compassion, reception staff were friendly and approachable and the GPs and nursing staff were supportive to patients. Patients we spoke with on the day of the inspection had views that aligned with the statements made in the cards. During our inspection we spoke with four members of the Patient Participant Group (PPG). They told us the practice worked closely with them to develop the services for patients. For example, the group fed back to the partners the problems associated with the telephone system and the frustration patients felt when trying to get an appointment. In recent months the practice had installed a new telephone system and patient's feedback during the inspection was that this improved the waiting times in trying to access and appointment.

The NHS England GP Patient Survey, published on 8 January 2015, gives more up to date information on the service provided by the practice. Data for this survey was collected between January and March 2014, and July and September 2014. This survey showed that the practice performed well compared to practices of a similar size in this area and in England. For example:

- 95% of respondents described the overall experience of their GP surgery as fairly good or very good, compared with 87% across the Clinical Commissioning Group (CCG) and 85% nationally.
- 91% of respondents said the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern, compared 88% across the CGG and with 85% nationally.
- 98% said the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care, compared to 88% across the CCG and 85% nationally.
- 97% of responses showed that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern, compared to 92% across the CCG and 90% nationally.

Areas for improvement

Action the service SHOULD take to improve

- Ensure recruitment procedures include the necessary employment checks for all staff. This must include a Disclosure and Barring Service (DBS) check for any staff with chaperoning responsibilities or a risk assessment supporting the decision not to undertake this check.
- Review the records made of serious events and incidents to ensure that risks have been appropriately identified and actions plans have been put into place to enable closer monitoring of safety risks to patients.

Summary of findings

Outstanding practice

- The practice proactively identified patients aged over 75 years who were socially isolated and lonely. Patients were then referred to the practice health trainer for on-going support and contact. The practice developed with the trainer a monthly 'afternoon tea party' as a social event. This initially took place in the practice but because of its success, it now takes place in the local village hall. The practice provided information to show that over the previous 10 months over 135 patients had attended these events. Within this figure 50% of patients had been visited first in their own homes by the health trainer to encourage and support them in their own home initially.
- To further support isolated patients the lead GP also set up a local charity with support from local churches and community groups. The organisation named Woolton Community Life developed a community directory booklet which included all activities in and around the village for people to get involved with.

Woolton House Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The inspector was accompanied by a specialist GP and Practice Manager Advisor.

Background to Woolton House Medical Centre

Woolton House Medical Centre is registered with the Care Quality Commission to provide primary care services. It provides GP services for approximately 9342 patients living in Woolton area of Liverpool. The practice is situated in a grade two listed building, it has two floors with lift access for patients. The practice has six GP partners, four female and two male. They also have a number of salaried GPs and they take GP trainees. The practice has a practice manager, office manager, administration staff and practice nursing team. Woolton House Medical Centre holds a General Medical Services (GMS) contract with NHS England.

The practice is part of Liverpool Clinical Commissioning Group (CCG) and is situated in an area of low deprivation. Unemployment is significantly lower than the city rate (4.7% compared to 7.2%) and 7.1% of the population are long term sick or disabled. The practice has a high population of older people with 30% being over 60 years and 17% being over 70 years.

The practice is open Monday – Friday 8.00am to 6.30pm and 8am - 8pm on Tuesday evenings with the phone lines opening for appointments starting at 8.00am. Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice does not provide out of hours services. When the surgery is closed patients are directed to the local out of hours service provider (Unplanned Care 24), local NHS walk in centres and NHS 111 for help.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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?

Detailed findings

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We carried out an announced inspection on 20 October 2015.

We reviewed all areas of the practice including the administrative areas. We sought views from patients face-to-face before and during the inspection. We looked at survey results and reviewed CQC comment cards completed by patients to share their views of the service. We spoke with the GPs, nurses, administrative staff and reception staff on duty. We observed how staff handled patient information, spoke to patients face to face and talked to those patients telephoning the practice. We explored how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service. We also talked with carers and family members of patients visiting the practice at the time of our inspection.

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and an apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system. The practice carried out an analysis of the significant events, and learned from them to improve their service.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We found that while we were assured that lessons had been learnt and actions had been taken the written record of the incidents was brief and did not include the full detail of the incident and what measures had been put into place to ensure actions were monitored.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were 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 clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that staff would act as chaperones, if required. Staff were appropriately trained for this role but they had not received a Disclosure and Barring Check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. We were told that all electrical equipment was checked to ensure the equipment was safe to use but electrical safety certificates were not available to view. Arrangements were in place for this to take place the following week. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. The practice also employed their own Pharmacy Advisor to work with them in the review of patient medicines, particularly for the over 75 year old patients. Medicines serious events and incidents had been reported and safer practice measures were put into place. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the three staff files we reviewed 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 checks through the DBS. We noted that staff members who undertook chaperoning duties did not have a completed DBS.

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

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. Weekly meetings were held with the clinical staff during which time any new guidance would be discussed.

Staff told us they had access to guidance from local commissioners. GPs and nursing staff described how they carried out comprehensive assessments which covered all health needs in line with national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. We saw individual patient care plans that had been developed by GPs and which had been regularly updated.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (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. Current results were 100% of the total number of points available, with 8.7% exception reporting. 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. This practice was not an outlier for any QOF (or other national) clinical targets. Data from For 2013/14 showed;

- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 93% compared to the national of 88%
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average at 88% compared to 83% .
- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was better than national average at 97% compared to 95%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been a number of clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, the lead GP had undertaken an audit into patient cancer referrals. The audit identified there were delays for those referrals made within secondary care for example when a patient attended accident and emergency and a referral was made. The GP shared his findings with the local CCG and changes were implemented to improve the systems in place for referring cancer patients for treatment.

Effective staffing

All GPs were up to date with their yearly continuing professional development requirements and all had been revalidated or received a date for 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). The nursing team had been appraised annually. We saw learning needs had been identified and documented action plans were in place to address these.

Staff told us that their training and development needs had been discussed. For example, one nurse told us that they were currently completing a course in nurse prescribing and that the practice had been supportive with this. We saw evidence that confirmed all staff had completed

Good

Are services effective?

(for example, treatment is effective)

training in a number of different areas. This included training for adult and children safeguarding, how to chaperone, basic life support, fire safety, information governance and infection control.

All the GPs we spoke with, told us they had attended meetings with the clinical lead. These meeting occurred on a daily basis during which time all patient referrals were discussed and each week a formal clinical meeting would take place. They also told us they had access to the senior partners and could approach them if they had concerns or needed advice. We found that all staff had completed annual appraisals where learning needs were discussed and actions plans were in place.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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, carers, those at risk of developing a long-term condition and those patients who needed to reduce their weight and alcohol consumption. All patients were then signposted to a health trainer working at the practice. The trainer would develop a 12 week care plan identifying the care and support needed for each individual patient to support their recovery and return to good health.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 78%, which was lower than the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This was taken from the National Patient Survey in July 2015 and compliments received by the practice. We also reviewed the 32 Care Quality Commission (CQC) comment cards patients were invited to complete. The evidence from all these sources showed that patients were satisfied with how they were treated and confirmed that this was with respect, dignity and compassion.

Comment cards completed by patients told us what they thought about the practice. Some patients commented staff were nice, kind and sympathetic. We also spoke with seven patients on the day of our inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was always respected. Mostly patients told us the practice, including all staff, were extremely caring and they had a good relationship with reception and administration staff as well as the GPs. Observation of, and discussions with staff showed that they were compassionate and treated patients in a sensitive manner. Patients told us that staff knew them personally, knew their medical conditions and would always ensure they were given a same day appointment if they were unwell due to their long term condition. Patients with long term conditions, vulnerable patients and those with children told us they were given good care and were listened to. Patients appreciated the continuity of care given by the established healthcare team and this was particularly important in a practice with a high population of older and more vulnerable patients.

Staff told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment

rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Staff we spoke with were careful to follow the practice's confidentiality policy when discussing a patients' treatment. Some staff we spoke with told us they knew conversations could be heard in the waiting area and in order to preserve confidentiality, they only asked for minimal information. Staff told us that if patients wanted to speak to the receptionist or practice manager in confidence, they would be taken to a private room. We also spoke with four members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses, apart from time spent with GPs. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 88% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 91% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 93% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

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. Patient feedback on the comment cards we received was also positive and aligned with these views. Patients commented that clinical staff at the practice took the time to make sure they fully understood their treatment options.

Good

Are services caring?

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 in line with local and national averages. For example:

- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 91%.
- 98% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 85%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was a carer or if they had been identified as socially isolated. There was a practice register of all such patients and support such as the 'afternoon tea' invitations was set up to support these patients. Written information was available for carers to ensure they understood the various avenues of support available to them. Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

The practice had a high population of older patients aged over 75 years. The lead GP explained how they were aware of an increase in the number of patients in this age group who were attending the practice for problems that included their social isolation and perceived loneliness. The practice acknowledged that loneliness could have a negative impact on the patients' health and well-being and they set up a data base to identify those patients at risk. The practice proactively assessed patient for loneliness and social isolation for all patients aged over 75 years as part of their annual review. Those patients who were thought to be suffering from loneliness were then referred to the practice health trainer for on-going support and contact. The practice had developed with the trainer a monthly 'afternoon tea party' as a social event. This initially took place in the practice but because of its success it now took place in the local village hall. We heard that for some patients this was the only social contact they had across each month. The practice showed that over the last previous 10 months over 135 patients had attended the event. Within this figure 50% of patients had been visited first in their own homes by the health trainer to encourage and support them in their own home initially.

To further support isolated and lonely patients the lead GP also set up a local charity with support from local churches and community groups. The organisation named Woolton Community Life, developed a community directory booklet which included all activities in and around the village for people to get involved with. The aim was to bring people together to reduce social isolation and patient we spoke with during the inspection who were aware of this spoke highly of the lead GPs support for this.

Good

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 CCG to plan services and to improve outcomes for patients in the area. For example, the practice participates in a local initiative to reduce the number of benzodiazepines (sleeping pills and minor tranquilizers) being prescribed across all practices.

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

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and other patients who would benefit from these. This included a home visit from the practice pharmacist to review the medications of housebound patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop was installed and translation services were available.

Access to the service

The practice was open between 8.00am to 6.30 pm Monday to Friday. Extended hours surgeries were offered at the following times on each Tuesday evening extending the appointment time to 8.00pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance for a GP, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 79%.
- 62% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 77% patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.
- 68% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

The practice was aware of patient complaints about the telephone system and a new system had recently been installed.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system including information displayed in the reception area and in the practice information leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint. We looked at the complaints that had been made in the last 12 months and found that these had been handled appropriately. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear mission statement and vision to deliver progressive, comprehensive family centred healthcare with principles of providing friendly, caring and compassionate care for all. The mission statement was displayed in the practice information leaflet and staff knew and understood the values.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was in place
- There was a programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The documentation for this required improvement.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty. There were clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We also noted that team away days were held every year and staff spoke positively of this. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the group fed back to the partners the problems associated with the telephone system and the frustration patients felt when trying to get an appointment. In recent months the practice had installed a new telephone system and patient's feedback during the inspection was that this improved the waiting times in trying to access and appointment. The practice had also gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.