

Aston Healthcare Limited

Quality Report

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Date of inspection visit: 24 November 2016
Date of publication: 26/01/2017

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

We carried out an announced comprehensive inspection at Aston Healthcare Limited and three of their branch surgeries 24 November 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- There was an open and transparent approach to reporting and recording significant events. Risks to patients were assessed and well managed for example, arrangements to safeguard vulnerable patients, keeping medicines safe and managing infection control.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Data showed that outcomes for patients at this practice were better when compared to local and national data.

- Feedback from patients about their care was positive. Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. Staff felt well supported in their roles and had undergone a regular appraisal of their work.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- Information about services and how to complain was available and complaint records showed an audit trail of their responses to formal complaints.
- The practice had visible clinical leadership and governance arrangements in place.

Letter from the Chief Inspector of General Practice

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice. Staff learnt from significant events and this learning was shared across the practice.
- When things went wrong patients received support and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had defined systems, processes and practices in place to keep patients safe and safeguarded from abuse. Risks to patients were assessed and well managed.
- The practice had an established staff team and staff recruitment checks had been carried out appropriately.
- Systems for managing medicines were effective and the practice was equipped with a supply of medicines to support people in a medical emergency.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Patients' needs were assessed and care was planned and delivered in line with best practice guidance.
- The practice monitored its performance data and had systems in place to improve outcomes for patients. Data showed that outcomes for patients at this practice were better when compared to local and national data.
- Staff worked well with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Clinical audits were carried out to drive improvement in outcomes for patients.
- Staff felt well supported and they had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- The practice staff regularly engaged with their patients to ensure they had regular feedback about their services. Information for patients about the services available was accessible and easy to understand.
- We saw staff treated patients with kindness, respect and maintained patient information and confidentiality.
- The practice maintained a register of patients who were carers in order to tailor the services provided. The practice had carer's champions who supported patients to access support.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of the local population and worked in collaboration with partner agencies to secure improvements to services where these were identified and to improve outcomes for patients.
- Most patients said they found it easy to make an appointment with a GP however a small number of patients felt that there was a lack of continuity in seeing the same GP and accessing phone lines. The practice had developed a few initiatives in response to patients comments. Access with phone lines needed continual review due to a recent increase of patients accessing the service.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was. Learning from complaints was shared with staff and other stakeholders. Practice staff also collated compliments and showed evidence of high numbers of patient satisfaction.

Are services well-led?

The practice is rated as good for being well-led.

Good



- The practice had a vision to deliver good quality care and promote good outcomes for patients.
- There was a governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The directors encouraged a culture of openness and honesty.
- The practice had systems in place for notifiable safety incidents. This information was shared with staff to ensure appropriate action was taken.

Summary of findings

- The patient participation group supported patients' needs and welfare. Staff were clear about their responsibilities in putting their patients first.
- There was a focus on learning and improvement at all levels.

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.

Good



- The practice offered proactive, personalised care and treatment to meet the needs of the
- older people in its population. The practice kept up to date registers of patients with a range of health conditions (including conditions common in older people) and used this information to plan reviews of health care and to offer services such as vaccinations for flu.
- Patients over the age of 75 had a named GP and had received a review to check that their health needs were being met. The practice had 2197 patients' age over 75 years, which was eight per cent of the total number of registered patients.
- Care planning was carried out for patients with dementia care needs.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Nationally reported data showed that outcomes for patients for conditions commonly found in older people were above average when compared to local and national averages.
- Uptake of the flu vaccine amongst older patients was above average, with 97% of patients receiving the vaccine.

People with long term conditions

The practice is rated as good for the care of patients with long term conditions.

Good



- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required immunisations received these.
- Data from 2014 to 2015 showed that the practice was performing above average in comparison with other practices nationally for the care and treatment of people with chronic health conditions such as diabetes.
- For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a

Summary of findings

multidisciplinary package of care. They referred patients to the Knowsley Cardiovascular disease (CVD) community based service which offered one stop services for investigations and arranging appropriate treatments.

- Longer appointments and home visits were available when needed. We saw that staff knew the practice population well and ensured any patients needing longer appointments had access to these when necessary.

The practice provided an in house phlebotomy service five days per week.

Families, children and young people

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 above average 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.
- Data for rates of cervical screening by the practice showed the percentage of women receiving this intervention was higher than local and national averages, at 82%. (Clinical
- Commissioning Group average (CCG) 80% and national average 81%).
- Premises were suitable for children and babies and baby changing facilities were available. Maternity services were offered in conjunction with locally commissioned services on site. Midwives provided maternity clinics.
- Babies and young children were always offered an appointment as a priority and appointments were available outside of school hours. Baby clinics were provided offering six to eight week baby checks.

Good



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).

Good



Summary of findings

- 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. Online services included the booking of appointments and request for repeat prescriptions. Electronic prescribing was also provided.
- Screening uptake for people in this age range was comparable with national averages. For example 67% of females aged 50-70 had been screened for breast cancer in the last three years, the national average was 72%.
- Extended hours appointments were provided daily until 8pm each evening. This was advantageous for people in this group as it meant they did not always have to attend the practice in person.

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 held a register of patients who had special needs such as 134 patients with learning disabilities, palliative care and 582 patients who were carers. The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice was accessible to people who required disabled access and facilities and services such as offering a translation services for those that required them.
- The practice used the '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 ensure patients received appropriate care.
- 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.

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).

- Data about how people with mental health needs were supported showed that outcomes for patients using this

Good



Summary of findings

practice were comparable to local and national averages. For example, data showed that 82% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months. This compared to a national average of 84%.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. They had mental health nurse run clinics offered at the practice.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing comparably and slightly lower with some local and national averages. In the survey, 333 forms were distributed and 112 were returned. This represented less than 1% of the practice's patient list.

- The percentage of respondents to the GP survey who described the overall experience of their GP surgery as fairly good or very good was 80%, compared to the national average of 85%.
- The percentage of respondents to the GP survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery were able to get an appointment, was 69%, compared to the national average of 75%.
- Of those who responded, 74% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the national average of 79%.

The practice had introduced a number of initiatives in response to patient views such as introducing telephone consultations, employing extra clinical staff and increasing phone lines.

We spoke with five patients and two members of the patient participation group during the course of the inspection visit. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. As part of our inspection process, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards. All of these were positive about the standard of care and treatment patients received. Three patients felt they had problems with the appointment system.

Areas for improvement

Action the service **SHOULD** take to improve

Access with phone lines needed continual review to ensure enough staff were available to operate them when increases in demand.

Aston Healthcare Limited

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a specialist practice manager.

Background to Aston Healthcare Limited

Aston Healthcare Limited is located in Knowsley and is registered with CQC to provide primary care services. The practice has a Primary Medical Services (PMS) contract with a registered list size of 27000 patients (at the time of inspection). The practice, Manor Farm Surgery is based in one of the more deprived areas when compared to other practices nationally. The practice also has five other branches which are managed and overseen from their main office at Manor Farm.

The five branches are named as:

Camberley Medical Centre, Camberley Drive, Halewood, Liverpool L25 9PS

Gresford Medical Centre, Pilch Lane, Liverpool, L14 0JE

Knowsley Medical Centre, Frederick Lunt Avenue, Knowsley, Merseyside, L34 0HF

Halewood Resource Centre, Roseheath Drive, Halewood, Liverpool, Merseyside, L26 9UH

Whiston Primary Resource Centre, Old Colliery Road, Liverpool, L35 3SX

The male life expectancy for the area is 77 years compared with the CCG averages of 76 years and the national average of 79 years. The female life expectancy for the area is 82 years compared with the CCG averages of 80 years and the national average of 83 years.

The practice is a limited company and has three medical directors (all male GPs) and eight salaried GPs, (five male and three female). They are also supported by locum and self-employed doctors who are supported by a practice nurse. The practice administration team is overseen by a practice manager. The practice manager oversees the work of administration and reception staff who are all multi-skilled.

The practice is open from 8am to 8pm each day. Patients requiring GP services outside of normal working hours are referred on to the local out of hour's provider, Urgent Care 24. 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 is in a purpose built building. The building is fully accessible for patients with limited mobility. Car parking is available.

The practice is part of Knowsley Clinical Commissioning Group (CCG). The practice offers a range of enhanced services including minor surgery, flu vaccinations and learning disability health checks.

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

Detailed findings

part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other

organisations to share what they knew. We carried out an announced visit on 24 November 2016. During our visit we:

- Spoke with a range of staff including the administrators, the GP, nurses and spoke with seven patients who used the service.
- Observed how patients were being cared for and how staff interacted with patients on arrival at the practice.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with members of the patient participation group (PPG).
- Reviewed information from CQC intelligent monitoring systems.
- Reviewed patient survey information.

- Reviewed various documentation including the practice's policies and procedures.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked 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 and learning

There was an effective system in place for reporting and recording significant events.

The provider was aware of their responsibilities to report notifiable incidents under the duty

- of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, they received support and an apology.
- The practice carried out a detailed analysis of significant events. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 GP attended safeguarding meetings when possible and had provided reports where necessary for other agencies, when they had been requested to do so. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Clinical staff had received safeguarding training at a level relevant to their role.
- A notice in the waiting room advised patients that chaperones were available if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All staff who acted as

chaperones had not received a Disclosure and Barring Service (DBS) check. (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.) The provider took immediate action to apply for DBS checks and discontinued the use of staff acting as chaperones who had not received a current DBS check.

- The practice maintained appropriate standards of cleanliness and hygiene. 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. The last infection control audit undertaken in October 2016 scored 99% and showed good compliance with infection control standards.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. 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.
- We reviewed a sample of staff personnel files in order to assess the staff recruitment practices. Our findings showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. A range of health and safety related policies and procedures were readily available to staff.

Are services safe?

- The practice carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked regularly to ensure it was working properly.
- The practice had limited environmental risk assessments in place to monitor safety of the premises. However following the inspection the provider immediately developed appropriate risk assessments and made them available to staff.
- 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 enough staff were on duty to meet patient need. The provider was also planning recruitment of extra locum staff in advance of winter pressures to help them accommodate patient needs.
- **Arrangements to deal with emergencies and major incidents**

The practice had adequate arrangements in place to respond to emergencies and major incidents.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training and there were emergency medicines available in the treatment room. All medicines we checked were in date and ready for use.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- A first aid kit and accident book were available and all staff we spoke with knew where this was kept and the procedures to follow when recording any accident on the premises.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. This plan would benefit from further details such as emergency contact numbers for designated staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for and Care Excellence (NICE) best practice guidelines. They demonstrated how they used national standards for the referral of patients to secondary care, for example the referral of patients with suspected cancers.

The practice monitored the implementation of best practice guidelines through regular clinical

meetings. 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.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). Results published from data from April 2014 to March 2015 showed the practice achieved 100% of the total number of points available. Overall exception reporting was 6%, which is comparable to the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets.

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale was 93% (CCG average 92%, national average of 89%).
- Data showed performance for diabetes related indicators was in line with or above the national average. For example:
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 80%, compared to the CCG average of 78% and national average of 77%.

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 86%, compared to the CCG average of 82% and national average of 78%.
- Performance for mental health related indicators was above both local and national averages. For example:
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in their record, in the preceding 12 months, was 95%, compared to the CCG average of 93% and national average of 88%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a record of alcohol consumption, in their records in the preceding 12 months was 99%, compared to the CCG average of 95% and national average of 89%.
- We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. A number of clinical audits had been completed in the last twelve months. One of these reviewed the treatment and review of Clostridium Difficile (C Diff) infection in 2015 and in 2016 (C Diff causes disease when the normal bacteria in the gut is disadvantaged, sometimes by taking antibiotics). The staff identified areas of learning through this audit to help show a reduction in the incidence of C Diff infection in 2016.

The practice worked alongside other health and social care professionals in monitoring and improving outcomes for patients. The needs of patients with more complex health or social care needs were discussed at multi professional meetings.

The practice had carried out an audit of patient satisfaction feedback following minor surgery received at the practice. The results for May 2016 - November 2016 showed very positive feedback, with all patients recommending the service.

Effective staffing

Are services effective?

(for example, treatment is effective)

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- An induction programme was provided to newly appointed members of staff. The practice had not developed a locum pack for locum doctors. Following our inspection the provider had developed a detailed pack that staff could access and refer to.
- Staff told us they felt appropriately trained and experienced to meet the roles and responsibilities of their work. Staff had access to and made use of e-learning training modules and in-house training. There was a training plan in place to ensure staff kept up to date with their training needs.
- Staff had been provided with training in core topics including: safeguarding, fire procedures, basic life support and information governance awareness. Staff had also been provided with role-specific training. For example, staff that provided care and treatment to patients with long-term conditions had been provided with training in the relevant topics such as diabetes. Other role specific training included topics such as administering vaccinations and taking samples for the cervical screening programme. Clinical staff were kept up to date with relevant training, accreditation and revalidation. There was a system in place for annual appraisal of staff. Appraisals provide staff with the opportunity to review/evaluate their performance and plan for their training and professional development.
- Staff attended a range of internal and external meetings. The GP attended locality meetings and meetings with the CCG. The lead GP was on the governing body for the local CCG group.
- **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 investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. GPs followed national standards for the referral of patients with suspected cancers meaning they would be seen within two weeks.
- Staff worked together with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.
- Hospital discharge letters were managed appropriately and the practice reviewed hospital admissions data on a regular basis.
- The practice used the '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 ensure patients received appropriate care.
- **Consent to care and treatment**
- Staff sought patients' consent to care and treatment 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, staff were aware of their responsibility to carry out assessments of capacity to consent in line with relevant guidance.
- **Supporting patients to live healthier lives**
The practice identified patients who may be in need of extra support. For example:
- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Information and advice was available about how patients could access a range of support groups and voluntary organisations.
- The practice monitored how it performed in relation to health promotion. Information from QOF and other sources were used to identify where improvements were needed and to take action.
- Information from QOF for the period of April 2014 to March 2015 showed outcomes relating to health

Are services effective?

(for example, treatment is effective)

promotion and ill health prevention were comparable to and above average to other practices locally and nationally. The practice's uptake for the cervical screening programme was 82%, which was higher than the CCG average of 80% and the national average of 81%.

- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel and breast cancer screening rates were around the national average with persons (aged 60-69) screened for bowel cancer in the last 30 months at 54% (national average 57%).
- Childhood immunisation rates for the vaccinations given were comparable to or higher than CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 98% compared with the National averages of 73% to 95%.
- 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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- 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.
- The practice supported patients in accessing food bank vouchers when needed.

We made patient comment cards available at the practice prior to our inspection visit. We received 41 completed comment cards and all of these were positive and complimentary about the caring nature of the service provided by the practice. We spoke with five patients who were attending the practice at the time of our inspection plus two members of the Patient Participation Group (PPG). Patients overall offered positive feedback about the services provided by the GPs and the whole staff team. Three patients offered their opinions and suggestions about various aspects of the service regarding their difficulties accessing an appointment and the continuity of wanting to see the same GP. Staff demonstrated a patient centred approach to their work during our discussions with them. Staff told us they felt the staff knew the needs of the patients well and often went the extra mile for their patients who sometimes needed assistance picking up prescriptions and staff taking vulnerable patients home.

We noted that the practice staff knew the patient population well and were able to respond quickly and appropriately to their needs. For example, staff we spoke with were aware of people who were carers and those that were vulnerable and could identify which times would be easiest for them to attend the surgery for appointments and what support they would need for their appointment.

Following the results of the national GP patient survey for the practice the provider had worked with members of the

PPG to develop a patient questionnaire to further ascertain patients' views on a regular basis. They had increased telephone lines to assist patients contacting them, introduced phone consultations and increased their use of locums to help the winter pressure. The practice had showed they were responding to patient feedback and continued to work on main themes. Results from the national GP patient survey were comparable with local and national averages. For example:

- 90% said the last nurse they saw or spoke to was good at giving them enough time (CCG average of 93%, national average of 91%).
- 82% said that the last time they saw or spoke to a GP; the GP was good or very good at listening to them (national average 88%).
- 92% said that the last time they saw or spoke to nurse; they were good or very good at listening to them (national average 91%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 95% said they had confidence and trust in the last nurse they saw or spoke to (CCG average of 97%, national average 97%).

• Care planning and involvement in decisions about care and treatment

Patients told us 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. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patient results were comparable with local and national averages for 2015. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

Are services caring?

- The practice provided facilities to help patients be involved in decisions about their care:
- Staff told us that translation services were available for patients who did not have English as a first language.
- The practice supported diverse groups of patients including 12 local nursing homes.
- **Patient and carer support to cope emotionally with care and treatment**

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. Information about how patients could access a

number of support groups and organisations was available at the practice. Information about health conditions and support was also available at the practice and on the practice's website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 582 patients as carers. Written information was available to direct carers to the various avenues of support available to them.

Patients receiving end of life care were signposted to support services. The practice had a policy and procedure for staff to adopt following the death of a patient. The GP made contact with family members or carers following bereavement to offer them support and signposted them to bereavement support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice 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. For example, the practice worked to ensure unplanned admissions to hospital were prevented through identifying patients who were most at risk and developing care plans with them to prevent an unplanned admission.

- There were longer appointments available for patients who required these.
- Home visits were available for older patients, patients with a learning disability and patients who had clinical needs which resulted in difficulty attending the practice.
- The GPs regularly visited and supported their patients who lived in the 12 nursing home located within the area.

Same day appointments were available for children and those patients with medical conditions that require same day consultation.

- The practice provided facilities for disabled people and a translation service was available.
- The practice offered extended opening hours Monday to Fridays until 8pm and patients could access the main practice or any of their five branches located within the local community.
- The provider updated patient leaflets to advise patients they could attend any of their branches to make an appointment to receive support.

Access to the service

The practice was open between 8am and 8pm Monday to Friday. Appointments were from 8am throughout the day until 7.30pm. The appointment system was well managed and sufficiently flexible to respond to peoples' needs. Patients told us on the day that they were able to get appointments when they needed them. Due to a recent closure of a practice close by the practice had received an

increased number of new patents. Staffing levels had been increased but would benefit from continual review to help assist staff accessing and dealing with higher volumes of calls and patients than normal.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable with local and national averages. For example:

- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and the national average of 72%.
- 72% of patients described their experience of making an appointment as good (national average 73%).
- 90% said the last appointment they got was convenient (CCG average 92%, national average 91%).
- The practice were in the process of updating all literature and information about the service including their website.
- The main practice was purpose built. Its premises were accessible and facilities were provided for people who were physically disabled. Reasonable adjustments were made and action taken to remove barriers when people found it hard to use or access services. For example, a baby changing facility was provided and translation services were available.

Listening and learning from concerns and complaints

- The practice had an effective 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 procedure and how they could expect their complaint to be dealt with.
- We looked at a sample of complaints received in the last 12 months. Complaints had been logged, investigated and responded to in a timely manner and patients had been provided with an explanation and an apology when this was appropriate. We found that lessons had been learnt from concerns and complaints and action had been taken to improve the quality of care and

Are services responsive to people's needs?

(for example, to feedback?)

patients' experience of the service. The practice had regularly reviewed their complaints over the years and data showed they were decreasing in numbers of complaints received each year.

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 statement of purpose which outlined its aims and objectives. These included the provision of high quality, safe and effective healthcare. Staff we spoke demonstrated that they supported the aims and objectives and the values linked to these. They consistently demonstrated a patient centred approach to their work.

The provider had knowledge of and incorporated local and national objectives. They worked alongside commissioners and partner agencies to improve and develop the primary care provided to patients in the locality. The provider was a board member of their local CCG.

Governance arrangements

The practice had a governance framework with effective arrangements in place to govern the service and ensure good outcomes were provided for patients. The structures and procedures in place ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Each branch had a clinical lead and office manager. They were overseen and managed by the practice manager and the provider located at their main office and main practice.
- Practice specific policies were implemented and were available to all staff and accessible on line. Staff we spoke with knew how to access these and any other information they required in their role.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The GPs used evidence based guidance in their clinical work with patients.
- The provider had a clear understanding of the performance of the practice. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance.
- The QOF data showed that the practice achieved results higher than other practices locally and nationally for the indicators measured.

- Clinical audits had been carried out to evaluate the operation of the service and the care and treatment provided and to improve outcomes for patients
- The GPs had met their professional development needs for revalidation (GPs are appraised annually and every five years they undergo a process called revalidation whereby their licence to practice is renewed. This allows them to continue to practise and remain on the National Performers List held by NHS England).
- Records showed that regular meetings were carried out as part of the quality improvement process to improve the service and patient care.

Leadership and culture

On the day of inspection the GP's demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The processes for reporting concerns were clear and staff told us they felt confident about raising any concerns. The GP encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support, information and an apology
- Staff in all roles felt well supported and appropriately trained and experienced to meet their responsibilities. Staff described a good working environment; good team working and they told us they felt valued.

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

- The practice actively encouraged and valued feedback from patients. Feedback we attained from patients was positive and they told us they felt staff provided a good quality service.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys. The PPG met regularly, and submitted proposals for improvements to the practice

Are services well-led?

Good 

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

management team. For example, in requesting a notice board in each branch to help advertise the PPG role. They had also developed a draft patient survey to ascertain patient's views.

- The practice had gathered feedback from staff 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. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice also sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1

December 2014. Results for 2016 showed that the vast majority of patients who had completed the survey were either likely or extremely likely to recommend the practice.

- The practice used information from complaints received to make improvements to the service.

- **Continuous improvement**

There was a focus on continuous learning and improvement within the practice. The provider was aware of challenges to the service. They were clear on the areas they intended to develop and were open about the areas of work which they felt required improvement. They had already employed 2 extra locums' staff to help with winter pressures. They were equally clear about what they did well and about their drive to provide high quality healthcare that meets the needs of the practice population.