

Seaforth Village Surgery

Quality Report

20, Seaforth Road,
Seaforth Liverpool, L21 4LF
Tel: 0151 949 1717

Website: [www.ssphealth.com/nhs-practices/
liverpool/seaforth-village-surgery](http://www.ssphealth.com/nhs-practices/liverpool/seaforth-village-surgery)

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an inspection at Seaforth Village Surgery in November 2014 and found breaches of regulations relating to the safe and effective delivery of patient services. The overall rating of the practice in November 2014 was inadequate and the practice was placed into special measures for six months. Following the inspection, we received an action plan which set out what actions were to be taken to achieve compliance.

We carried out a further announced comprehensive inspection at the practice on 8 September 2015. This inspection was carried out to consider whether sufficient improvements had been made and to identify if the provider was now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. At the inspection in September 2015, we found the practice had made significant improvements and they were now meeting all of the regulations which had previously been breached. The ratings for the practice have been updated to reflect our findings.

Specifically, we found the practice had improved systems in place for providing safe, well-led, effective, caring and responsive services. It was also good for providing services for all the population groups it serves.

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. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Patients' needs were assessed and care was planned and delivered in line with best practice guidance. Staff had 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.

Summary of findings

- Information about services and how to complain was available, in different languages and 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.
- 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.

However there were areas of practice where the provider should make improvements.

- The practice had, as part of their contract an Enhanced Service, a target (2% of the practice population) to reduce unnecessary emergency admissions to secondary care. The provider should ensure that all personalised care plans relevant to this service are reviewed by the GP on a regular basis to prevent unnecessary hospital admissions.

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. 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. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Good



Are services effective?

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 had received training appropriate to their roles and further training needs were identified, with appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

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 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.

Good



Summary of findings

Are services well-led?

The practice is rated as good for being well-led. The practice did not have a formal written strategy but staff were clear about the aims and objectives of the service 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.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people. 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. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



People with long term conditions

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. Extended appointments were offered to patients on multiple disease registers. The practice undertook planned home reviews to co-inside with flu and pneumococcal immunisations for patient convenience. Smoking cessation services were pro-actively recommended to patients by working in conjunction with No Butts Stop Smoking service in Sefton. The practice had signposting services or self-referral to the Alcohol and Drug Recovery Team – Sefton Treatment and Recovery Services.

Good



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 relatively high for all standard childhood immunisations. Midwife clinics were held fortnightly for our pregnant patients. The practice had an allocated room for breastfeeding available for our mums and babies. The practice nurse offers contraceptive advice, as well as sign posting and advice to other local services. Sign posting for counselling services for young people in Sefton was in place. The practice actively encourages the student population to have the recommended vaccinations: Meningococcal C vaccination and MMR. 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.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of 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 maintained a list of patients who lived in vulnerable circumstance such as those with mental health problems and the elderly patients. Alerts were put on the system for these patients. The practice had a number of patients on the Learning Disability register, a home visit system has been set up to offer these patients a visit by the GP to reduce any unnecessary anxiety.

The practice regularly worked with multi-disciplinary teams in the case management of patients in vulnerable circumstances. They had a Practice Mental Health Liaison Officer who acted as a link between primary care and mental health services. They worked together helping patients 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)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice had reported that 80% of these patients had undergone a review and 92% of the patients have had a mental health care plan agreed and reviewed with the remaining patients referred to the local mental health trust. 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 patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary

Summary of findings

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 received 10 Care Quality Commission (CQC) comment cards and spoke with patients during the inspection. All of the comments made by patients were complimentary of the services provided, the staff and GPs working at the practice. Comments included how helpful reception staff were and how consistency of care had improved in recent months with the use of a regular GP locum. Patients explained their confidence in the practice had increased because of this.

The NHS England GP Patient Survey, published on 8 January 2015, provides up to date information on the

services provided by the practice and patients view of this. Data for this survey was collected between January and March 2014, and July and September 2014. There were 426 survey forms distributed for this practice and only 50 forms were returned. This is a response rate of 12%. The practice achieved high results for area such as confidence in the nursing team but less for confidence in the treatments and care given by the GPs, recommending the surgery to someone new in the area and having enough time with GPs during their appointment.

Areas for improvement

Action the service **SHOULD** take to improve

- The practice had, as part of their contract an Enhanced Service, a target (2% of the practice population) to reduce unnecessary emergency admissions to

secondary care. The provider should ensure that all personalised care plans relevant to this service are reviewed by the GP on a regular basis to prevent unnecessary hospital admissions.

Seaforth Village Surgery

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 another CQC Inspector.

Background to Seaforth Village Surgery

Seaforth Village Surgery is part of the corporate provider SSP Health Limited. This practice is registered with CQC to provide primary care services, which include access to GPs, family planning, ante and post natal care. The practice is situated within the Bootle ward area of the city of Liverpool. This area has higher than average deprivation scores for income, employment, healthcare and deprivation affecting children and older people.

The practice is an Alternative Provider of medical Services (APMS) with a registered list size of 1812 patients. The practice population is predominantly younger than 40 years and the area has high levels of deprivation and unemployment. The practice has a regular GP working across five days, two practice nurses, a part time practice manager and a number of administration and reception staff.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments can be booked for up to a week in advance for the doctors and a month in advance for the nursing clinics. The practice treats patients of all ages and provides a range of medical services. The practice does not deliver out-of-hours services. These are delivered by Go To Doc (GTD), a private provider of out of hour's services commissioned by South Sefton CCG.

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. The practice had been rated as inadequate and put into Special Measures for an inspection published in April 2015. Being placed into Special Measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration. Compliance actions were set for the provider at the inspection carried out in November 2014. This inspection was carried out to consider whether sufficient improvements have been made and to identify if the provider is now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

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?

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

Detailed findings

- 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 8 September 2015.

We reviewed all areas of the practice including the administrative areas. We sought views from four patients 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.

Are services safe?

Our findings

Safe track record and learning

The practice had been rated inadequate for safety for an inspection we undertook in November 2014. During this inspection we found improvements had been made across all outcomes affecting patient safety. All practice staff had undergone training to help them understand the importance of the reporting systems in place for serious events. There was an open and transparent approach and an improved system for reporting and recording significant events. 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. Practice staff were now completing the form and initiating the first stages of the reporting process. This had resulted in an increase in the number of incidents being reported. All serious events were analysed annually to identify themes. All complaints including informal complaints, received by the practice were entered onto the system and appropriate actions taken. The practice carried out an analysis of each event that had occurred including an annual analysis of all incidents to encourage learning.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw how a delayed patient referral had been reviewed as a serious event to avoid this occurring again.

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. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

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 chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- 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. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. 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 and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed, although the practice is in need to refurbishment. We observed the premises to be clean and tidy. We were told a new boiler system had been added installed with new child friendly window blinds. 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 (carried out by the practice in May 2015) 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

Are services safe?

safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. We found that the GPs did not use a doctor's bag. They did not take out medicines for use in emergencies when visiting patients at home. This was discussed with NHS England and a risk assessment had been out in place to support this decision.

- Recruitment checks were carried out and the two 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 Disclosure and Barring Service (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

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 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 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. They had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. They monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures. They used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Data from 2013/14 showed that the practice had achieved 90% of the total number of points available, with 5.8% exception reporting. Data which is comparable to others showed;

- Performance for diabetes related indicators was slightly lower at 5.8% compared to the national average of 6.2%.
- The percentage of patients with hypertension having regular blood pressure tests was higher than average at 5.7% compared to the national average of 4.9%
- Performance for mental health related and hypertension QOF indicators was better at 85.4% compared to the national average of 82.9%
- The dementia diagnosis rate was above at 0.7% comparable to the national average of 0.6%

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment with peoples' outcomes. The practice had a schedule of audits to be carried out across the year. There had been a number of clinical audits completed in the last twelve months. These were completed audits where the improvements made were implemented and monitored. Findings were used by the

practice to improve services. For example, there was a rise in the incidence of clostridium difficile infection in Liverpool in the past year with an increase in the usage of certain antibiotics being a contributory factor. In response to this the practice undertook an audit to review their prescribing of these antibiotics and found they were 100% compliant with local guidance. Plans were in place to monitor this.

The practice had a palliative care register and had monthly internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families. The practice also kept a register of patients identified as being at high risk of admission to hospital. Individual multi-disciplinary care plans were put in place by the GPs to try to avoid any further hospital admissions. Structured annual reviews were also undertaken for people with long term conditions such as patients who had diabetes or asthma.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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

Are services effective?

(for example, treatment is effective)

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 and audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

The practice supported patients to manage their health and well-being. The practice offered national screening programmes, vaccination programmes, long term

condition reviews and provided health promotion information to patients. They provided information to patients via their website and in leaflets and information in the waiting area about the services available. The practice also provided patients with information about other health and social care services such as carers' support. Staff we spoke with were knowledgeable about other services, how to access them and how to direct patients to relevant services.

It was practice policy to offer all new patients registering with the practice a health check with the practice nurse. The GP was informed of all health concerns detected and these were followed-up in a timely manner. The practice had numerous ways of identifying patients who needed additional support, and were pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability they were all offered an annual health check. The IT system prompted staff when patients required a health check such as a blood pressure check and arrangements were made for this.

Patient and population group registers were in place to enable the practice to keep a register of all patients requiring additional support or review, for example patients who had a learning disability or a specific medical condition such as diabetes. Practice records showed that those who needed regular checks and reviews had received this and the IT system monitored the progress staff made in inviting patients for their annual health review. This included sending letters and telephone calls to patients to remind them to attend their appointments. The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We saw that members of staff were courteous and very helpful to patients, both attending at the reception desk and on the telephone. Curtains were provided in consulting 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. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the ten patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. They stated that improvements had been made with continuity of care because there was a regular GP now working at the practice. We also spoke with two patients during the visit. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They reported again their confidence in seeing the same GP for each of their appointments. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey (which was collected between January and March 2014 and July and September 2014) showed patients were happy with how they were treated by the nursing team in terms of compassion, dignity and respect. However the results for the time given, how well the GP listened and treated patients with care and compassion required improvement. For example:

- 50% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 43% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 63% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%

- 43% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 82% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 41% describe their overall experience of this surgery as good compared to the CCG average of 69% and national average of 78%.

The practice were aware of the negative survey results and action had been taken since these were published. The practice had revised the appointment system and this was showing improvement. The high use of locums had reduced with a permanent GP working across five days and patients we spoke with said this gave them more confidence and consistency in care. Patients also reported in our comments cards that the GP now had more time to give to patient because they knew their needs and this did not need to be repeated at each appointment.

The practice had under taken a patient survey in August 2014, this was carried out by the practice Patient Participation Group (PPG) and was due to be repeated. The results highlighted a number of positive comments relating to the reception and nursing staff being willing and helpful. Negative comments that required actions related to not being seen by the same GP, access and a lack of consistency of care. The practice had since appointed a regular GP that worked across each day of the week.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

Are services caring?

- 57% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 75%

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.

The practice had as part of their contract an Enhanced Service (ES) a target (2% of the practice population) to reduce unnecessary emergency admissions to secondary care. The main work of this service was to identify those patients at risk of hospital admission and to develop a personalised care plan to meet their needs. This target had been achieved although, we found that the care plans were completed by the practice nurse rather than with the involvement of the named GP in the practice. Our discussions confirmed that the GP was reviewing these at risk patients on a regular basis and giving them the time was that needed. However, this did not include the regular review of the individual care plans that had been set up by the practice nurse.

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 including voluntary and drug and alcohol relates services. The practice manager had set up a section of the notice board to address specifically the needs of young patients attending the practice. This included a patient questionnaire specific to their age and colouring posters with a competition and prizes encouraging younger patients to feel at ease when visiting the practice.

The practice's computer system alerted GPs if a patient was also a carer. 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 or sent them a sympathy card. 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.

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, one of the enhanced services included ensuring a learning disabilities health review took place along with increasing the uptake of childhood immunisations. 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, home visits were available for older patients / patients who would benefit from these. Services for patients with mental health problems were available in the practice, including shared care packages with the local mental health team.

Access to the service

The practice was open between 08am and 6.30pm Monday to Friday. They offer three ways to book an appointment. This included pre bookable, book on the day and book the day before the appointment was needed. This was a new system of working and it appeared to be working well. The practice did not offer extended hours as part of their contract. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. We were told that children requiring an urgent appointment would always be seen on the same day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages

however people we spoke with on the day of the visit, including staff who confirmed improvements had been made to this. The national GP patient survey results were as follows:

- 68% of respondents find it easy to get through to this surgery by phone compared to the CCG average of 65% and national average of 73%.
- 47% patients described their experience of making an appointment as good compared to the CCG average of 67% and national average of 73%.
- 66% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 63% and national average of 65%.

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, leaflets and posters were displayed in the waiting area. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

Since the last inspection the practice had begun to monitor and respond to all patient complaints, including informal ones. We looked at two complaints received since our last inspection and found they had been satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. There was evidence that these had been discussed at staff meetings and learning had taken place.

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 did not have a written vision or strategy but staff shared the same ethos to provide good and sensitive patient care and to deliver high quality care and promote good outcomes for patients. We spoke with all members of staff on the day of the inspection and they all knew and understood the ethos and knew what their responsibilities were in relation to these.

Governance arrangements

Improvements had been made to the local governance arrangements since our last inspection in November 2014. The practice had an overarching governance framework which supported the delivery of the good quality care. This outlined the new and improved 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
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

At our last inspection there was no visible clinical leader because of the high use of GP locums. The practice manager was working towards developing a team where there was good leadership and a culture that was open, however he worked across two practices and the management arrangements were not effective. At this inspection we found the practice had a regular GP who worked across five days each week. The practice manager continued to cover two practices but his time was divided so that he worked at this practice each day to support staff. Staff told us that both leaders had increased visibility in the practice, were approachable and always took the time to listen to all members of staff.

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 were confident in doing so and felt supported if they did. Staff said they felt respected and valued, particularly by the GP and practice manager in the practice. All staff were involved in discussions about how to run and develop the practice, and the practice manager 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. The practice had also gathered feedback from staff through regular staff meetings and informally as required. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Management lead through learning and improvement

Staff told us the practice supported them to maintain their clinical professional development through training and mentoring. We looked at five staff files and saw that regular appraisals took place which included a personal development plan. Staff had access to a programme of induction, training and development. Mandatory training was undertaken and monitored to ensure staff were equipped with the knowledge and skills needed for their specific individual roles. Staff were supervised until they were able to work independently.

The practice had completed reviews of significant events and other incidents and shared with staff via team meetings to ensure the practice improved outcomes for patients.