

The Lakeside Surgery

Quality Report

Lakeside Road

Lymm

Cheshire

WA13 0QE

Tel: 01925 755050

Website: www.lakesidesurgery.co.uk

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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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Lakeside Surgery on 12 May 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing caring, responsive and effective services and for being well led. It was also good for providing services for the following population groups 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). It required improvement for providing safe services.

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

- There were systems in place to mitigate safety risks such as safeguarding.
- Serious events were analysed and individual clinicians identified learning outcomes to improve their practice.

However there was no formal system in place to collectively discuss significant events and to ensure learning outcomes and changes in practice were shared practice wide.

- The premises were clean and tidy.
- Systems were in place to ensure medication including vaccines were appropriately stored and in date.
- Patients had their needs assessed in line with current guidance and the practice had a holistic approach to patient care.
- Feedback from patients and observations throughout our inspection highlighted the staff were kind, caring and helpful.
- The practice was responsive and acted on patient complaints and feedback.
- The staff worked well together as a team.

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

Importantly, the provider must:

- Ensure recruitment arrangements include all necessary employment checks for all staff.

Summary of findings

- Ensure that action is taken to assess the safety of the electrical installation of the building.

In addition the provider should:

- Ensure that administration and reception staff are provided with Mental Capacity Act 2005 training to support them in their roles.

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 requiring improvement for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. There was evidence that lessons were learned. However, evidence of the shared learning to enable practice wide improvements was limited. Information about patient safety was recorded, monitored, appropriately reviewed and addressed. Improvements were needed to the recruitment of clinical staff as the recruitment records did not demonstrate that all necessary checks were undertaken to verify suitability for their roles. The practice had not carried out a risk assessment or a safety assessment with regard to the safety of the electrical installation of the building. There were enough staff to keep people safe.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and used it routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. Records showed the majority of the reception and administration staff had not received Mental Capacity Act training. Reception and administration staff spoken to had limited understanding of consent issues.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment. There was plenty of supporting information to help patients understand and access the local services available. We also saw that staff treated patients with sensitivity and respect.

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. For example GPs attended GP forum meetings held by the CCG to ensure they were aware and involved with any issues and initiatives identified within their local area. A further example was that the

Good



Summary of findings

practice was part of a CCG initiative for patients living in nursing homes were they were triaged at a single point of access by a clinician to ensure patients received prompt and appropriate treatment and also supported GPs with their workload allocation.

Are services well-led?

The practice is rated as good for providing well led services. There was a clear leadership structure in place that supported the development of professional links and support networks in the area to benefit patients through partnership working. For example, the practice was federated with three other practices in the area to work together to provide and share responsibility for developing and delivering high quality care and patient focused services for their local communities.

Quality and performance were monitored. Staff told us they could raise concerns, felt they were listened to, felt valued and well supported.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, the avoidance of unplanned admissions scheme. The practice was also involved in a CCG led service for the single point of contact for patients living in nursing homes. A triage system was in place whereby a clinician would assess the needs of patients and contact the GP practice if a home visit was required. The practice had a designated named GP for patients who are 75 and over. The practice carried out home visits and also visited eight local nursing homes on a regular basis.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice had adopted a holistic approach to patient care rather than making separate appointments for each medical condition. Clinical audits were carried out to ensure patients were receiving optimal care, for example diabetes management.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. One GP was the safeguarding lead for the practice. There were systems in place to identify and follow up children living in disadvantaged circumstances. The midwife visited the practice once a week and there were immunisation clinics.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people. The needs of this group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example the practice offered late evening appointments once a week for those patients who could not attend during the day.

The practice offered online prescription ordering and online appointment services. Telephone consultations were available instead of patients having to attend the practice.

Good



Summary of findings

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 had systems in place to identify patients in vulnerable services and signposted them to appropriate services and support.

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. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health and sign posted patients to the appropriate services.

Good



Summary of findings

What people who use the service say

We received three CQC comment cards and spoke with six patients. Reception staff, nurses and GPs all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment. Patients told us that they were treated with care and respect and that GPs were sensitive to their needs.

The latest national GP patient survey results showed that in January 2015, approximately 86% of patients described their overall experience of this surgery as good and 91% found the receptionists helpful, and these were higher ratings than other practices in the area.

Results from the national GP patient survey also showed that approximately 97% of patients said they had confidence and trust in the last GP they saw or spoke to and approximately 89% said the last GP they saw or spoke to was good at giving them enough time. Both results are higher than the national average.

Areas for improvement

Action the service **MUST** take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure that action is taken to assess the safety of the electrical installation of the building.

Action the service **SHOULD** take to improve

- Ensure that administration and reception staff are provided with Mental Capacity Act 2005 training to support them in their roles.

The Lakeside Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was carried out by a CQC lead inspector and a GP specialist advisor.

Background to The Lakeside Surgery

The Lakeside Surgery is located in Lymm, Cheshire. The practice was established on the present site in 1974. There are approximately 10,500 patients on the practice list and the majority of patients are of white British background. The Lakeside Surgery operates a branch practice known as The Quays Grappenhall Surgery. Currently this practice is registered as a separate location, the practice manager told us the practice intended to amend their registration with the Care Quality Commission (CQC) to reflect that The Quays Grappenhall Surgery is a branch of The Lakeside Surgery.

The practice has two male and one female GP partners in addition there is one female salaried GP. There are two practice nurses, reception and administration staff including a practice manager. The practice is open 8:00am to 6:30pm Monday to Friday. The practice offers an extended hours service for those patients who cannot attend during normal working hours every Thursday until 8:30pm. Patients are able to access appointments at both surgeries. Patients requiring a GP outside of normal working hours are advised to contact the surgery and they are then directed to contact the local 111 service to triage their symptoms and be forwarded to an external out of hours service (provided by Bridgewater Community Trust).

The branch surgery known as The Quays Grappenhall Surgery is open Monday and Tuesday 8:30am to 4:30pm, Wednesday and Friday 8:45am to 4:30pm and Thursday 8:45am to 4pm.

The practice has a General Medical Services (GMS) contract and also offers enhanced services for example; childhood and travel immunisations and vaccinations and avoidance of unplanned hospital admissions schemes.

Why we carried out this inspection

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

How we carried out this inspection

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

Detailed findings

- 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)

Before visiting the practice we reviewed information we held and asked other organisations and key stakeholders

to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced visit on 12 May 2015. We spoke with a range of staff including three GPs, a practice nurse, reception and administration staff and the practice manager, on the day. We sought views from six patients and looked at comment cards and reviewed survey information.

Are services safe?

Our findings

Safe track record

NHS Warrington Clinical Commissioning Group and NHS England reported no concerns to us about the safety of the service. Clinical staff told us they completed incident reports and carried out significant event analysis in order to reflect on their practice. However there was no formal system in place to collectively discuss significant events and to ensure learning outcomes and changes in practice were shared practice wide.

Alerts and safety notifications from national safety bodies were dealt with by the clinical staff and the practice manager. Staff confirmed that they were informed about and involved in any required changes to practice or any actions that needed to be implemented.

Learning and improvement from safety incidents

Staff and practice meetings with clinicians and the practice manager were held regularly however learning points from incidents were not a fixed agenda item. The practice manager told us learning points from complaints were discussed at team meetings.

The practice did not have a structured approach to manage significant events and individual clinicians used significant events and their analysis to inform their individual practice and as part of their appraisal and revalidation processes. There was no joined up approach to ensure shared learning and actions were identified and actioned practice wide.

The practice had a system in place to implement safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The system was monitored by the practice manager and all information was disseminated by email to clinicians

Reliable safety systems and processes including safeguarding

The practice had safeguarding vulnerable adults and children policies in place which were accessible to all staff. There were flowcharts on display in the treatment rooms and reception area outlining the safeguarding procedure and who to contact for further guidance if staff had concerns about a child's or adults welfare. One of the GP partners was the practice lead for safeguarding.

All staff had received safeguarding children training at a level suitable to their role, for example the GPs and practice nurses had level three training in children's safeguarding. Non clinical Staff had also received safeguarding vulnerable adults training and understood their role in reporting any safeguarding incidents. While GPs told us they found it difficult to attend safeguarding meetings they always provided reports where necessary for other agencies.

The NHS England area team sent monthly updates about those children on the child protection register to ensure the responsible GP had up to date and relevant information. The practice manager ensured this information was shared with the appropriate GP.

The practice had a computer system for patients' notes and there were alerts on a patient's record if they were identified as at risk.

The practice nurses and identified reception staff acted as chaperones if required and a notice was in the waiting room to advise patients the service was available should they need it. All staff who acted as chaperones had received a disclosure and barring (DBS) check (these checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Medicines management

The practice worked with medicines management team from the local CCG and carried out regular medication audits to ensure the practice was prescribing in line with best practice guidelines. One of the GP partners was the prescribing lead for the practice and liaised with medicine management team and was currently reviewing the prescribing of eye drops for glaucoma to make sure patients were followed up appropriately. This joint working had resulted in a number of medicines audits including the prescribing of Fentanyl patches to ensure appropriate prescribing was taking place and that oral analgesics had been prescribed first.

The practice had one fridge for the storage of vaccines. The practice nurse took responsibility for the stock controls and fridge temperatures. We looked at a sample of vaccinations and found them to be in date. There was no cold chain policy in place however fridge temperatures were checked

Are services safe?

daily. Regular stock checks were carried out to ensure that medications were in date and there were enough available for use. Following the inspection the practice manager informed us a cold chain policy had been put in place

Emergency medicines such as adrenalin for anaphylaxis (severe allergic reactions) were available. These were stored securely and available in the treatment room area. In addition there was emergency adrenalin available in each consultation room. The practice nurse and associate practitioner had overall responsibility for ensuring emergency medicines were in date and carried out monthly checks. All the emergency medicines were in date.

The practice did not have a formal system in place to ensure blank prescription forms were handled in accordance with national guidance and were tracked through the practice and kept securely at all times. Following the inspection the practice manager informed us a formal system had now been put in place to ensure blank prescription stocks could be audited.

Cleanliness and infection control

We found most areas of the practice were clean and tidy. Treatment rooms had the necessary hand washing facilities and personal protective equipment (such as gloves) were available. Comments we received from patients indicated that they found the practice to be clean. Clinical waste disposal contracts and facilities were in place and spillage kits were available. Staff knew what to do in the event of a sharps injury and appropriate guidance was available.

One of the practice nurses was the designated clinical lead for infection control. There was an infection control policy in place and staff had received up to date training. The practice took part in annual external audits from the local community infection control team.

The senior GP partner told us that he had undertaken a Legionella risk assessment which had indicated that there was a low risk to staff and patients and no further action was required.

Equipment

All electrical equipment was checked to ensure the equipment was safe to use.

Clinical equipment in use was checked to ensure it was working properly. For example blood pressure monitoring

equipment was annually calibrated. Staff we spoke with told us there was enough equipment to help them carry out their role and that equipment was in good working order.

One of the practice nurses carried out regular checks on emergency equipment such as the defibrillator.

All portable electrical equipment was checked by a qualified person on an annual basis.

We found out of date equipment in some of the consulting rooms such as swab test kits and syringes. The practice manager and a member of staff removed them as we inspected each consulting room. Following the inspection the practice manager told us a stock rotation system for consulting rooms had now been put in place.

Staffing and recruitment

Staff told us there were enough staff to meet the needs of patients and they covered each other in the event of unplanned absences. The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. All permanent staff working at the practice had received a Disclosure and Barring Service (DBS) check to ensure they were suitable to carry out their role. However, we noted that a salaried GP had been appointed without the necessary recruitment and safety checks having been carried out. For example a DBS check had not been carried out and there was no evidence that references had been sought. Following the inspection visit the practice manager confirmed that references had been sought and this documentation had now been placed in the staff file to confirm this. The practice manager also confirmed that a DBS check had now been requested for the salaried GP.

Monitoring safety and responding to risk

There were procedures in place for monitoring and managing risks to patient safety. All new employees working in the building were provided with induction information for the building which covered health and safety and fire safety.

There was a health and safety policy available for all staff. There was a fire risk assessment in place and fire equipment was checked annually. The practice also had a variety of other risk assessments and audits in place to monitor safety of the premises such as infection control and moving and handling.

Are services safe?

The practice leases the building for the purpose of providing the service. At the time of the inspection the practice was unable to confirm that a periodic inspection and testing of the electrical wiring of the building by a registered electrician had taken place in the last five years. The practice manager told us she would ensure this was carried out.

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 including patients that needed to be seen urgently. 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. There was also a first aid kit and accident book available.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and we found staff were aware of the practicalities of what they should do in the event of a major incident.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Once patients were registered with the practice, the practice nurses carried out a full new patient health check which included information about the patient's individual lifestyle as well as their medical conditions.

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE).

The GPs told us they lead in specialist clinical areas such as diabetes, heart disease and asthma and the practice nurses supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. GPs told us this supported all staff to review and discuss new best practice guidelines, for example, for the management of diabetes. Our review of the clinical meeting minutes confirmed that this happened.

The practice carried out assessments and treatment in line with best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record. For example, patients on the 'at risk' register, and palliative care register.

The practice took part in the avoiding unplanned admissions scheme. The clinicians discussed patient's needs at meetings and ensured care plans were in place and regularly reviewed. The practice took part in palliative care meetings and discussed those patients on the Gold Standard Framework who were most unwell to ensure they received the treatment and support needed as a matter of priority.

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

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework scheme (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). The latest QOF points as a percentage of the total available showed the practice to have scored 96.5% which was higher than the national average of 94.2%.

All GPs and nursing staff were involved in clinical audits. We saw audits aiming to improve care for patients with heart disorders and medication. For example an audit for patients prescribed amiodarone identified that some patients had not had blood tests carried out at the required intervals. This information was shared at a practice meeting. This resulted in alerts being placed on patient records to identify when blood tests were required. A re-audit showed that a 100% improvement in patient uptake of blood tests being carried out. Other audits had been revisited and had resulted in improved outcomes for the patients.

Searches on record systems for patients who had long term conditions were carried out monthly so that their condition and medications could be reviewed at regular intervals with the practice nurse.

The practice offered a phlebotomy service to reduce the amount of travelling patients needed to do to have blood taken.

Effective staffing

The practice had an induction programme for newly appointed members of staff that covered such topics as fire safety, health and safety and information governance.

Staff received annual e-learning that included: -safeguarding, fire procedures, and basic life support and information governance awareness. Staff also had access to a range of other e-learning training modules.

The practice nurses attended local practice nurse forums and attended a variety of external training events. They told us the practice fully supported them in their role and encouraged further training.

All GPs were engaged with their yearly continuing professional development requirements and had either been or were in the process of being revalidated. GP's are appraised annually, and undertake a fuller assessment

Are services effective?

(for example, treatment is effective)

called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England. There were annual appraisal systems in place for all other members of staff which included personal development plans.

Working with colleagues and other services

Incoming letters from hospitals were scanned onto patient notes and the GPs received alerts and workflow tasks to ensure referral and incoming letters were actioned in a timely manner. The system used by the practice allowed all GPs to see and access each other work tasks. For example the GPs could see if a colleague required support to review blood test results they could review the results and access the necessary patient records to ensure they were updated and appropriate action taken if required. The practice used the patient choose and book system for referrals to hospitals. More urgent referrals such as two week waits were faxed and followed by letter.

The practice liaised with other healthcare professionals such as the Mental Health Community Team and the Community Matron. The practice also liaised with a multi-disciplinary health care team to discuss patients on their palliative care register. For example one of the partner GP's had regular meetings with the local hospice, district nurses and local social services to ensure patients received appropriate joined up care and support. A further example was that a partner GP was the palliative care lead for the practice and the CCG. This had resulted in the development of systems to improve patient access to specialised services and also to have a standardised approach to the issue of resuscitation decisions and how they were recorded.

The practice participated in the avoidance of unplanned admissions scheme. There were regular meetings to discuss patients on the scheme to ensure all care plans were regularly reviewed.

Information sharing

Systems were in place to ensure information regarding patients was shared with the appropriate members of staff.

The practice used summary care records to ensure that important information about patients could be shared

between GPs at the practice. The practice planned and liaised with the out of hours (OOH'S) provider regarding any special needs for a patient; for example faxes were sent to the OOH's provider regarding end of life care arrangements for patients who may require assistance during the weekend.

The practice had several systems in place to ensure good communications between staff. The practice operated a system of alerts on patients' records to ensure staff were aware of any issues.

Consent to care and treatment

We spoke with the GPs about their understanding of the Mental Capacity Act 2005 and Gillick guidelines. GPs and the practice nurse we spoke with demonstrated an awareness of the Mental Capacity Act and when best interest decisions needed to be made. However the majority of the reception and administration team had not received any training around the Mental Capacity Act. GPs were aware of Gillick guidelines for children. Gillick competence is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Health promotion and prevention

The practice had a variety of patient information available to help patients manage and improve their health. There were health promotion and prevention advice leaflets available in the waiting room for the practice including information on dementia and various lifestyle management support. The practice had an online surgery booklet that provided detailed information about the services provided and also offered advice and management of accidents and common illnesses such as back pain, sore throats and vomiting and diarrhoea.

Immunisation rates were in line with the averages for the area for example the percentage of infants receiving their first vaccinations was approximately 96% which was in line with the local average of 96.9% and the mumps, measles and rubella vaccination rate was approximately 98% which was significantly higher than the local average of 90.8%.

The practice also offered NHS Health Checks to all its patients aged 40 to 75 years.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We saw that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. CQC comment cards we received and patients we spoke with all indicated that they found staff to be helpful, caring, and polite and that they were treated with dignity.

Results from the national GP patient survey for 2013/14 also showed that approximately 84% of patients said the last GP they saw or spoke to was good at treating them with care and concern and 90% said the last GP they saw or spoke to was good at listening to them, which was in line with the national averages.

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

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed that approximately 83% said the last GP they saw or spoke to was good at explaining tests and treatments and approximately 72% said the last GP they saw or spoke to was good at involving them in decisions about their care, which was in line with the national averages. Approximately half of the respondents said the last nurse they saw or spoke to was good at involving them in decisions about their care. This was lower than the national average.

Patient/carer support to cope emotionally with care and treatment

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed that they would offer them a private room to discuss their needs. Patients who had been bereaved were contacted to see if they required any additional support.

Information regarding support for carers was available in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had an active on line virtual Patient Participation Group who also met twice a year. Minutes of the meetings showed the group actively engaged with the practice and the practice responded positively and constructively to feedback from the group. The practice also sought patient feedback by a variety of other means such as utilising data from the GP national patient survey, and the NHS 'Friends and Family Test'.

Minutes from practice meetings showed the practice engaged with the CCG and their federation of practices to discuss localised and area wide initiatives such as the GP support offered to patients living in nursing homes.

Tackling inequity and promoting equality

The surgery had access to translation services. The building had appropriate access and facilities for disabled people. There was a hearing loop and staff could access sign language services if necessary. The practice website had a feature that allowed font size to be changed if necessary for the visually impaired.

The practice had an equal opportunities policy which was available to all staff on the practice's computer system.

Access to the service

The practice was open between 8:00am to 6:30pm Monday to Friday. The practice operated a mixture of routine, same day and emergency appointments. Appointments could be booked up to 12 weeks ahead and the appointment system allowed GPs flexibility so they could spend longer with patients if they required more time at an appointment. The practice also offered appointments at their branch surgery known as The Quays Grappenhall Surgery. The practice was open; Monday and Tuesday 8:30am to 4:30pm, Wednesday

and Friday 8:45am to 4:30pm and Thursday 8:45am to 4pm. Home visits were carried out for those patients who were unable to attend the surgery. Patients were able to access appointments at both surgeries.

In addition the practice participated in the extended hours scheme and was open every Thursday until 8:30pm to allow patients who could not attend during normal working hours.

Results from the GP National Patient Survey (2014) showed approximately 66% of respondents found it easy to get through to the surgery by phone which was much higher than the local average of 58%. Patients and reception staff told us patients were always given a choice of who they wanted to see and when they wanted to attend. The practice website provided information about making an appointment and how to order prescriptions on lone.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England.

Information about how to make a complaint was available in the waiting room and in the practice leaflet. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint and written apologies were given.

The practice kept a complaints log and recorded verbal as well as written complaints. The practice reviewed the complaints received on an annual basis to identify any trends in issues which would require any improvements. The practice had received eleven complaints in the last twelve months, we looked at how three complaints were managed and found they had been appropriately managed and lessons had been learned from them.

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

Staff we spoke with were aware of the culture and values of the practice of making the patient the centre of everything they did.

We spoke with nine members of staff and they all knew and understood the vision and values and knew what their responsibilities were in relation to these.

Governance arrangements

The practice had practice specific policies and procedures to support governance arrangements which were available to all staff on the practice's computer system. The policies included a 'Health and Safety' policy and 'Infection Control' policy. All the policies were regularly reviewed and in date and staff we spoke with were aware of the contents.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and the senior partner was the lead for safeguarding. We spoke with nine members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

Practice meetings with GPs and the practice manager took place regularly. Minutes of meetings showed that learning from incidents and complaints were not set items on the agenda. However the practice manager told us that learning points were cascaded via email to the relevant staff depending on the nature of the complaint or incident.

Leadership, openness and transparency

The partners in the practice were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

The practice had a protocol for whistleblowing and staff we spoke with were aware of what to do if they had to raise any concerns. The practice had identified the importance of having an open culture and staff were encouraged to report and share information in order to improve the services provided. Staff we spoke with thought the culture within the practice was open and honest.

Practice seeks and acts on feedback from its patients, the public and staff

Results of surveys and complaints were discussed at practice meetings. The practice reception staff encouraged all patients attending to complete the new Friends and Family Test as a method of gaining patients feedback. In addition the practice had an active virtual patient participation group to gain feedback on a variety of topics.

Management lead through learning and improvement

The practice worked well together as a team. There were systems in place to allow staff to develop for example one member of the administration team had undertaken a phlebotomy training course to support the development of a phlebotomy clinic at the practice. The practice manager told us a second member of the administration team had requested to do this training as part of their own career development.

The GPs were all involved in revalidation, appraisal schemes and continuing professional development. The GPs had learnt from incidents and complaints and recognised the need to address future challenges.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed People who use services were not protected against the risk of inappropriate or unsafe care due to appropriate recruitment checks not being carried out for GPs. Regulation 19 (1) (2) (3) (a)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment People who use services were not protected against the risk of unsafe premises due to the lack of a periodic assessment of the electrical installation of the building. Regulation 15(1)(e)