

Roe Lane Surgery

Quality Report

172 Roe Lane
Southport
PR9 7PN
Tel: 01704 228439
Website: www.roelanesurgery.nhs.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?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection July 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced inspection at Roe Lane Surgery on 21 March 2018. The inspection was carried out as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Data showed that outcomes for patients at this practice were similar to outcomes for patients locally and nationally.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients told us they found it easy to make an appointment and there was good continuity of care.
- The practice had appropriate facilities, including disabled access. It was well equipped to treat patients and meet their needs.

Summary of findings

- Complaints had been investigated and responded to in a timely manner.
- There was a clear leadership and staff structure and staff understood their roles and responsibilities.
- The provider had a clear vision to provide a safe, good quality service.
- Feedback from patients was used to make improvements to the service.
- There was a focus on continuous learning and improvement.

We saw two areas of outstanding practice:

- The practice proactively engaged with the wider health and social community to support better outcomes for patients such as mental health services including hosting the Alzheimer's Society monthly clinic.

- 98% of patients who responded to the GP National Patients Survey said they could get through easily to the practice by phone compared to the Clinical Commissioning Group (CCG) of 64% and the national average of 71%. This was confirmed by six patients spoken with on the day of the inspection and completed CQC surveys.

The areas where the provider **should** make improvements are:

- Review the security protocol to ensure staff maintain the security of their computer and NHS passwords.
- Carry out a more detailed risk assessment in relation to the use of the first floor consultation room by patients.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

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	Good	
People with long term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

Roe Lane Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and the team included a GP specialist adviser.

Background to Roe Lane Surgery

Roe Lane Surgery is operated by the provider Roe Lane Surgery. The practice is situated at 172 Roe Lane, Churchtown, Southport, Merseyside PR9. The website address is **www.roelanesurgery.nhs.uk**

The practice provides a range of primary medical services including examinations, investigations and treatments and a number of clinics such as clinics for patients with diabetes, asthma and hypertension.

The practice is responsible for providing primary care services to approximately 3480 patients. The practice is

based in an area with lower levels of economic deprivation when compared to other practices nationally. The practice is part of Southport and Formby Clinical Commissioning Group (CCG).

The staff team includes two general practitioners who are partners, salaried GPs and a long term locum GP. There is a practice nurse prescriber, two healthcare assistants, a clinical pharmacist, practice manager, business manager and administration and reception staff. Four GPs are female, one GP is male and the nursing team are female.

Roe Lane Surgery is open Monday – Friday 8am - 6.30pm, with extended hours opening until 8pm on Monday. Patients can book appointments in person, via the telephone or online.

The practice provides telephone consultations, pre-bookable consultations, on the day appointments, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

Outside of practice opening hours patients can access the out of hours GP provider by calling the NHS 111 service.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- We discussed with the practice the need to ensure staff computer passwords were not documented anywhere to ensure patients records were secure and only accessed by appropriate staff. The practice confirmed action had been taken to stop this practice.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an on-going basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There was an effective system to manage infection prevention and control.

- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

Are services safe?

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. As part of the on-going monitoring the practice carried out quarterly audits on high risk antimicrobial prescribing to ensure there was a consistent approach across all clinicians.
- The practice employed a pharmacist to support safe and effective prescribing.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were risk assessments in relation to safety issues. We discussed with the practice the need to provide more detail in the risk assessment in relation to the use of the first floor consulting room.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. Following an incident when a request for a home visit had not been prioritised the practice reviewed current systems and processes and developed a protocol for reception staff to ensure red 'flag symptoms' such as sepsis were passed directly to a GP.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice and all of the population groups as good for providing effective services.

QOF is a system intended to improve the quality of general practice and reward good practice.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- Prescribing data showed that the practice was in line with local and national averages for prescribing medicines. For example, the average daily quantity of hypnotics prescribed per specific therapeutic group was comparable to other practices.
- The number of antibacterial prescription items prescribed per specific therapeutic group was comparable to other practices.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice appointment system ensured that every patient who rang on the day for an appointment received a consultation with a GP.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 86% compared to the CCG average of 79% and the national average of 78%.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Working age people (including those recently retired and students):

Are services effective?

(for example, treatment is effective)

- The practice's uptake for cervical screening was 86%, which was higher than the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.

People experiencing poor mental health (including people with dementia):

- 94% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average.
- 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 94% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to the national average.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice held regular meetings with community mental health services to ensure the practice supported

patients safely and effectively particularly with regard the management of patients being discharged from secondary care and appropriate referrals into secondary care services.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. 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. We viewed a sample of audits that demonstrated that the provider has assessed and made improvements to the treatment provided to patients.

The most recent published QOF results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 96%. The overall exception reporting rate was 8.7 compared with a national average of 9.6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Data from the QOF from April 2016 to March 2017 showed performance in outcomes for patients was comparable to those of the Clinical Commissioning Group (CCG) and national average. For example;

- The percentage of patients on the diabetes register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 80% compared to a Clinical Commissioning Group (CCG) average of 82% and a national average of 80%.
- The percentage of patients with diabetes in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 83% (CCG average 82%, national average 79%).
- The percentage of patients with atrial fibrillation with a record of CHAD2DS2-VASc score of 2 or more treated with anti-coagulation was 90% (CCG average 87%, national average 88%).

Are services effective?

(for example, treatment is effective)

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 93% (CCG average 91%, national average of 90%).

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with on-going support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- The practice had made the decision to pilot the role of medical assistant to support GPs with their workload by seeing older patients prior to their GP appointment to gain an overview of why the patient was attending the practice, carry out a blood pressure check and review the patient's medication. The medical assistant would sit in on the GP consultation and then support the patient to understand the treatment plan, take blood tests and expedite any referrals or actions relating to the patients follow up care. This pilot work was found to have improved the GPs time management and work flow. The pilot work done by the practice had contributed to training course being offered by a local university.

- The practice employed a clinical pharmacist to support the safe prescribing and review of patients' medicines to ensure patients received maximum benefit from their prescribed medication.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The practice carried out audits to ensure the care and treatment offered to patients at the end of their lives was compassionate, effective and met best practice guidance.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Cancer screening uptake rates were higher than the local and national averages. For example Persons, 60-69, screened for bowel cancer within 6 months of invitation was 65% compared to the CCG average of 60% and the national average of 54%.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Are services effective?

(for example, treatment is effective)

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.

- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

The senior partner was a mental health assessor as described in the Mental Capacity Act 2005.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 219 surveys were sent out and 99 were returned. This represented about 3% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 90% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 88%; national average - 85%.
- 96% of patients who responded said the nurse was good at listening to them; (CCG) - 94%; national average - 91%.

- 98% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 94%; national average - 91%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available such as a hearing loop and pictorial DVD material to support patients with a learning disability understand invasive treatments they may need.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. Clinicians asked patients if they were a carer or where being supported by a carer this information was then added as an alert the practice's computer system. The practice had identified 137 patients as carers (4% of the practice list).

- The practice use a carer toolkit that was used to enable reception staff to support known carers and to identify new carers to ensure appropriate care and support could be offered.
- The practice contacted all patients who had been identified as carers to offer them a flu jab at a convenient time for them.
- There was carer and signposting information in the waiting area.
- Staff told us that if families had experienced 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 caring?

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

- 93% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 88% and the national average of 86%.
- 89% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 84%; national average - 82%.
- 98% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 93%; national average - 90%.

- 96% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 94%; national average - 91%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- We observed that the waiting area and reception area was small and created challenges for the practice to ensure patients discussions with reception staff were not overheard. The practice acknowledged this and told us they offered patients the use of a separate room if they wished to discuss issues in private.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. The practice had level access to the front of the building.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice hosted an Alzheimer Society clinic once a month where patients and carers were able to make an appointment to see a dementia support worker.
- The practice developed the role of a medical assistant to support GPs in effectively managing their work load and providing timely and responsive care and support to patients.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment.

Working age people (including those recently retired and students):

- The needs of this population 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, extended opening hours and an appointment system that offered an appointment on the day.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.
- The practice operated an appointment system that offered patients an appointment on the day.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice worked collaboratively with the local mental health trust to ensure patients received timely

Are services responsive to people's needs?

(for example, to feedback?)

and effective care for their physical as well as their mental health needs. A representative from the Trust attended the practice's multi-disciplinary meeting to discuss issues with regard to patients with complex mental health issues.

- The practice was a dementia friendly practice and had worked with other local businesses to become a dementia friendly community.
- The practice has supported the introduction of the Herbert Protocol (this protocol encourages carers to compile useful information which could be used in the event of a vulnerable person going missing) by Merseyside police. The practice had written to all carers of patients who had a diagnosis of dementia to inform them of the initiative and how to access the scheme.

Timely access to care and treatment

Patients were able to access on the day care and treatment from the practice.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was better than local and national averages. This was supported by observations on the day of inspection and completed comment cards. 219 surveys were sent out and 99 were returned. This represented about 3% of the practice population.

- 94% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 80%.

- 98% of patients who responded said they could get through easily to the practice by phone; CCG - 64%; national average - 71%.
- 86% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 75%; national average - 75%.
- 93% of patients who responded said their last appointment was convenient; CCG - 83%; national average - 81%.
- 89% of patients who responded described their experience of making an appointment as good; CCG - 73%; national average - 73%.
- 75% of patients who responded said they don't normally have to wait too long to be seen; CCG - 65%; national average - 58%.

Survey results and discussions with patients showed that patients were happy with the access they received to services.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded/did not respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. One complaint was received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way. We discussed with the practice then need to formally respond to complainants to support the monitoring of actions taken and trends.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends.

Are services well-led?

Good 

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

Our findings

We rated the practice and all of the population groups as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.

- Leaders and managers acted on behaviour and performance that was not consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control

Are services well-led?

Good 

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

- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example collaborative work with the Alzheimer's Society, the local mental health trust and businesses in the local area to support a dementia friendly community.
- There was a patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. The practice was a teaching and training practice for medical student, trainee GPs and physician associates. They proactively worked with teaching organisations to support the training and development of future clinicians.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.