

Dr M Flynn's Practice

Quality Report

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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

This is the report from our inspection of Dr M Flynn's Practice (Sefton Park Medical Centre). Dr M Flynn's Practice is registered with the Care Quality Commission to provide primary care services. We undertook a planned, comprehensive inspection on the 9 April 2015 at Dr M Flynn's Practice. We reviewed information we held about the services and spoke with patients, GPs, and staff.

Overall the practice is rated as good.

Our key findings 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. 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.

We saw several areas of outstanding practice including:

- The practice encouraged community services to engage with the practice and this had resulted in coffee mornings being arranged in the waiting area to highlight services and facilities available to patients. This supported patients to access information and other services in one location that they were confident accessing.

Summary of findings

- The practice offered support through shared care agreements for those patients who had addiction issues. The practice also ran joint clinics with a drug advisor to ensure patients received the correct medication, support and advice. The practice had also employed a psychologist to support patients with addiction issues. This joined up approach supported patients with addiction issues to access a range of services in one location.
- The practice offered health care checks and continuing care and treatment for patients who were seeking asylum. The practice proactively engaged with an interpreter service to ensure interpreters as much as possible were present during consultations.
- The practice had offered financial support to staff to learn a second language to support those patients whose first language was not English.

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.

In addition the provider should:

- Ensure there is a system in place to support the practice wide dissemination of learning outcomes and actions from significant events investigations and analysis.
- Ensure a Legionnaires Disease risk assessment is carried out to maintain the health and safety of patients and staff.

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 locum staff as the recruitment records did not demonstrate that all necessary checks were undertaken to verify suitability for their roles. 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. Staff had received training appropriate to their role.

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. 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, kindness 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 practice used an interpreter service that provided staff to attend consultations with patients where English was not their first language. Information about how to complain was available and learning points from complaints were discussed in practice meetings.

Good



Summary of findings

Are services well-led?

The practice is rated as good for providing well led services. There was a clear leadership structure in place. 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 had a designated named GP for patients who were 75 years of age and over and care plans were in place for these patients. The practice has employed a clinician on a sessional basis to provide support to frail and housebound patients to ensure any health or social concerns were identified quickly and appropriate care and support was provided. The practice had a register of those patients who were housebound and the nurse practitioner coordinated the nursing staff to ensure those patients were visited and offered vaccinations. Drop in clinics for vaccinations were advertised in the waiting area for all patients but at risk patients were sent specific letters to advise them of the need to have the vaccination. There was information available to patients about services offered within the local community including those patients who may be experiencing social isolation.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. There were systems in place for call and recall of patients for annual reviews with a total of three letters being sent if patients failed to respond. The practice had taken the decision to telephone patients as a final attempt to engage with them. Patients with long term conditions had alerts placed on their records to ensure they were offered a longer appointment with the GP. The practice had identified all patients at risk of unplanned hospital admissions and a care plan had been developed to support them. Clinical staff kept up to date in specialist areas which helped them ensure best practice guidance was always being considered. Multi-disciplinary team and palliative care meetings were held where patient care was reviewed to ensure patients were receiving the support they required. The Quality Outcomes Framework (QOF) data from April 2013 to April 2014 showed that patients were receiving their diabetes checks when they were needed. The practice offered patients the services of a health trainer to offer advice and support about healthy living lifestyles.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. A GP partner was the safeguarding lead for the

Good



Summary of findings

practice. There were systems in place to identify and follow up children living in disadvantaged circumstances and also cases of domestic violence. Staff put alerts onto the patient's electronic record when safeguarding concerns were raised this also included looked after children. Records showed the lead GP liaised and sought advice from other health and social care professionals when necessary. There was a system in place to follow up babies who had not been immunised and there was also an escalation procedure to GPs if this remained a concern. The staff were responsive to parents' concerns about their child's health and prioritised appointments for children presenting with an acute illness. The practice was in a socially and economically deprived area of Liverpool. The practice actively engaged with local service and had arranged for them to visit the practice regularly to provide housing and social issues support and advice. The practice offered pre natal and post natal support to mothers and babies.

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 practice currently does not offer extended hours. Appointments with GPs were available from 8:15am until 5:50pm each day. All patients over 45 years of age were invited to attend a health check however the practice told us the uptake for this service was poor. The practice offered sexual health services and supported the student population with immunisation programmes such as meningitis. There was health promotion information available in the waiting area and on the practice website.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register for those patients with a learning disability. The practice had become involved in a local charity that supported people with a learning disability. Through this involvement they were due to pilot communication methods to support patients with a learning disability get the most out of their consultations. The practice had a register of carers that informed the level of support the practice provided. The practice supported patients to access support and services based in the community including social inclusion services for older people, respite services, and culturally appropriate services for patients who had recently settled in the area. The practice encouraged community services to engage with the practice and this had resulted in coffee mornings being arranged in the waiting area to highlight services and facilities available to patients. This supported patients to access information and other services in one

Summary of findings

location that they were confident accessing. The practice offered support through shared care agreements for those patients who had addiction issues. The practice also ran joint clinics with a drug advisor to ensure patients received the correct medication, support and advice. The practice had employed a psychologist to support patients with addiction issues. This joined up approach supported patients with addiction issues to access a range of services in one location. The practice also offered facilities for a counselling service to operate from the practice premises. The practice offered health care checks and continuing care and treatment for patients who were seeking asylum. The practice proactively engaged with an interpreter service to ensure interpreters as much as possible were present during consultations. The practice had offered financial support to staff to learn a second language to support those patients whose first language was not English.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice had employed a sessional clinician to support the on going assessment, care and support provided to patients with dementia living in their own homes. 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. The practice participated in enhanced services for dementia and used screening tools to identify those patients at risk. Those patients who experienced poor mental health received six monthly medication reviews. The nurse practitioner had undertaken suicide awareness training in primary care settings in 2014

Good



Summary of findings

What people who use the service say

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection.

We received 35 comment cards and spoke with four patients. There was not one negative comment received at our inspection. 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 compassion and that GPs went the extra mile to provide care when patients required extra support.

For the surgery, our findings were in line with results received from the national GP patient Survey. For example, the latest national GP patient survey results showed that in March 2014,

approximately 87% of patients described their overall experience of this surgery as good or fairly good and approximately 76% of patients described their experience as generally easy to get through to someone at your GP surgery on the phone. Both these results are similar to the national average.

Results from the national GP patient survey also showed that approximately 81% of patients said they were 'very satisfied' or 'fairly satisfied' with their GP practice opening hours this result was similar to the national average.

Areas for improvement

Action the service **MUST** take to improve

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

Action the service **SHOULD** take to improve

- Ensure there is a system in place to support the practice wide dissemination of learning outcomes and actions from significant events investigations and analysis.
- Ensure a Legionnaires Disease risk assessment is carried out to maintain the health and safety of patients and staff.

Outstanding practice

- The practice encouraged community services to engage with the practice and this had resulted in coffee mornings being arranged in the waiting area to highlight services and facilities available to patients. This supported patients to access information and other services in one location that they were confident accessing.
- The practice offered support through shared care agreements for those patients who had addiction issues. The practice also ran joint clinics with a drug advisor to ensure patients received the correct medication, support and advice. The practice had also

employed a psychologist to support patients with addiction issues. This joined up approach supported patients with addiction issues to access a range of services in one location.

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advisor to ensure patients received the correct medication, support and advice. The practice had also employed a psychologist to support patients with addiction issues.

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Dr M Flynn's Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr M Flynn's Practice

Dr Flynn's Practice (Sefton Park Medical Centre) is based in the Smithdown Road area of Liverpool. The practice treats patients of all ages and provides a range of medical services. The staff team includes three GP partners (male), two salaried GPs (female), a nurse practitioner, an associate practitioner, a practice manager and administrative and reception staff.

The practice is open Monday to Friday from 8am to 6.30pm with appointments being offered from 8:15am. Patients can book appointments in person or via the telephone. The practice provides telephone consultations, pre bookable consultations, same day appointments and home visits to patients who are housebound or too ill to attend the practice. When the practice is closed patients access Urgent Care 24 for out of hours services.

The practice is part of Liverpool Clinical Commissioning Group. It is responsible for providing primary care services to approximately 8000 patients. The practice is situated in one of the most deprived areas of Liverpool and caters for a population that has a high number of ethnic minority patients and students. The practice has a General Medical Services (GMS) contract.

Why we carried out this inspection

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

How we carried out this inspection

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

- 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
- Mothers, babies, children and young people

Detailed findings

- The working-age population and those recently retired (including students)
- People in vulnerable circumstances who may have poor access to primary care
- 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 also reviewed policies, procedures and other information the practice provided before the inspection. This did not raise any areas of concern or risk across the five key question areas. We carried out an announced inspection on 9 April 2015.

We reviewed the operation of the practice, both clinical and non-clinical. We observed how staff handled patient information, spoke to patients face to face and talked to those patients telephoning the practice. We discussed how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service. We sought views from patients, looked at survey results and reviewed comment cards left for us on the day of our inspection. We spoke with the practice manager, GPs, practice nurse, administrative staff and reception staff on duty.

Are services safe?

Our findings

Safe track record

NHS Liverpool 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 system in place to collectively discuss significant events and to ensure learning outcomes and changes in practice was 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. For example we could see the alert regarding the Ebola outbreak in Africa had been actioned and notices were on display in the waiting room.

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).

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. There was a lead member of staff for safeguarding.

All staff had received safeguarding children training at a level suitable to their role, for example the GPs and nurse practitioner had level three training. Staff had also received safeguarding vulnerable adults training and understood their role in reporting any safeguarding incidents. GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.

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 nurse practitioner, associate practitioner 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 check.

Medicines management

The practice worked with pharmacy support from the local CCG and carried out regular medication audits to ensure the practice was prescribing in line with best practice guidelines.

The practice had two fridges for the storage of vaccines. The nurse practitioner 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 a cold chain policy in place and fridge temperatures were checked daily. Regular stock checks were carried out to ensure that medications were in date and there were enough available for use.

Emergency medicines such as adrenalin for anaphylaxis 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 nurse practitioner 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 had a system in place to ensure blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

Cleanliness and infection control

All areas within the practice were found to be clean and tidy. Comments we received from patients indicated that they found the practice to be clean. Treatment rooms had

Are services safe?

the necessary hand washing facilities and personal protective equipment (such as gloves) was available. 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.

The nurse practitioner 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 and acted on any issues where practical for example the practice now had disposable curtains around treatment areas in place.

The nursing staff had received the required immunisations such as hepatitis C to minimise the risk of cross infection.

There were systems in place to ensure clinical waste was disposed of safely.

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.

The associate practitioner carried out regular checks on emergency equipment such as the defibrillator.

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

We noted that an independent locum GP had been used by the practice without the necessary recruitment and safety

checks having been carried out. For example a DBS check was not available and an up to date copy of the GP's medical indemnity insurance certificate had not been provided. The practice confirmed the locum GP was included on NHS England GP performers list.

Records showed there was a system in place to monitor the professional registrations of clinical staff who worked at the practice.

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 given 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.

The practice had not carried out legionella testing and the practice manager told us he believed this was not required. The practice manager was advised to carry out a risk assessment to ensure patient and staff safety was maintained.

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. 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 nurse and the associate practitioner carried out a full health check which included information about the patient's individual lifestyle as well as their medical conditions.

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.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system for the performance management of GPs intended to improve the quality of general practice and reward good practice. The 2013/14 QOF points as a percentage of the total available showed the practice to have scored 90.3% which was in line with the national average.

All GPs and nursing staff were involved in clinical audits. Examples of audits included various medication audits. Some examples of audits we saw were aiming to improve care for diabetic patients and the treatment and medication regimes for those patients who had a CVA (medical term for a stroke). Audits had been revisited and had resulted in improved outcomes for the patients particularly with regard to medicines optimisation (supporting patients to receive the full health benefits of their prescribed medication).

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

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 other e-learning training modules.

The nurse practitioner 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. The nurse practitioner and associate practitioner had been supported to attend numerous external training courses to support improvements in patient care and treatment. For example the nurse practitioner had attended an external course dealing with the care of patients with diabetes. The information gained from the course had been shared with the clinical team and had been incorporated into the service offered to patients.

All GPs were up to date with their yearly continuing professional development requirements and they had been revalidated. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS

England). 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 passed onto GPs for action and dealt with on a daily basis. The practice used the patient choose and book and system for referrals to hospitals. More urgent referrals were faxed and followed by letter.

The practice liaised with other healthcare professionals such as the community mental health team, diabetic specialist services and drug and alcohol services. The practice also liaised with a multi-disciplinary health care team to discuss patients on their palliative care register.

Information sharing

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

Are services effective?

(for example, treatment is effective)

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 provider regarding any special needs for a patient; for example faxes were sent 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.

The practice had an effective system in place to ensure referrals to acute services were timely and monitored by the practice.

Consent to care and treatment

We spoke with the GPs and the practice nurse about their understanding of the Mental Capacity Act 2005 and Gillick guidelines. GPs and the nurse practitioner demonstrated an awareness of the Mental Capacity Act and when best interest decisions needed to be made. GPs and the nurse practitioner 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.

The practice sought consent for those patients who had minor surgery (joint injections) and recorded this consent in patients records.

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 rooms for the practice including information on dementia and various lifestyle management support.

Immunisation rates were in line with the averages for the area for example the percentage of infants receiving their first vaccinations was 98.5% which was higher than the local average of 96.1% and the mumps, measles and rubella vaccination rate was 97.3% infants which were slightly higher than the local average of 95.4%.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We looked at 35 CQC comment cards that patients had completed prior to the inspection and spoke with four patients. Patients were very positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Patients we spoke with told us they had enough time to discuss things fully with the GP, treatments were explained and that they felt listened to.

The National GP Patient Survey in March 2014 found that approximately 90% of patients said the last time they saw or spoke to a GP, the GP was good or very good at treating them with care or concern and approximately 91% said the last time they saw or spoke to a nurse the nurse was good or very good at treating them with care or concern. Eighty seven percent of patients who responded to this survey described the overall experience of their GP surgery as fairly good or very good. These responses were above slightly above average when compared to other practices nationally.

We looked at the last practice patient survey carried out in July 2014. This indicated that 66% of patients were happy with the service provided.

We observed that privacy and confidentiality were maintained for patients using the service on the day of the visit. Staff we spoke with were aware of the importance of providing patients with privacy. They told us there was an area available if patients wished to discuss something with them away from the reception area. We observed this facility being offered and used by patients during the inspection visit.

We observed that consultation / treatment room doors were closed during consultations and conversations taking

place in these rooms could not be overheard. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity were maintained during examinations, investigations and treatments.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and rated the practice well in these areas. For example, data from the National GP Patient Survey in March 2014 showed approximately 87% of practice respondents said the GPs were good or very good at involving them in decisions about their care and approximately 92% felt the nurses were good or very good at involving them in decisions about their care.

Patients we spoke with told us that health issues were discussed with them, treatments were explained, they felt listened to and they felt involved in decision making about the care and treatment they received.

Patient/carer support to cope emotionally with care and treatment

Information about the support available to patients to help them to cope emotionally with care and treatment was on display in the waiting area. This included, information for carers, information about the Citizen's Advice Bureau, advocacy services, mental health support services and relationship support services.

Staff spoken with told us that bereaved relatives known to the practice were offered support following bereavement. GPs and the practice nurse were able to refer patients on to counselling services for emotional support, for example, following bereavement. A counselling service was available within the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was in the process of trying to establish a Patient Participation Group.

The practice sought patient feedback by a variety of other means such as utilising data from the GP national patient survey, in house patient's survey and through the friends and family feedback.

We saw that the practice acted on patient feedback. For example we could see that results from the in house patient survey highlighted that patients would like access to later appointments in the afternoons. The practice had displayed a notice highlighting they were listening to feedback around this concern. The practice altered some of the GP surgery times to increase the number of later appointments.

Tackling inequity and promoting equality

The surgery had access to translation services and proactively engaged with them to ensure whenever possible a translator could attend consultation with patients. The practice had also offered to financially support staff to learn a second language to further support patients whose first language was not English.

The practice engaged with local services to ensure patients had access to advice and support with regard to health, housing and social issues such as addiction issues, sexual health education and support, asylum seekers health and social care needs and supported older patients to access services to reduce social isolation.

The building had appropriate access and facilities for disabled people.

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 opened between 8am to 6.30pm Monday to Friday. The practice operated a mixture of routine, same

day and emergency appointments. Appointments could be booked up to eight weeks ahead and the appointment system allowed GPs flexibility so they could spend longer with patients if they required more time at an appointment.

Results from the GP national Patient survey from March 2014 showed that approximately 56 % of patients stated that they always or almost always see or speak to the GP they prefer. This result is significantly higher than the national average. Patients and reception staff told us patients were always given a choice of who they wanted to see and when they wanted to attend.

Listening and learning from concerns and complaints

The practice has 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, in the practice leaflet and on the practice website. 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. We looked at how four complaints were managed and found two had been appropriately managed and lessons had been learned from them. However we found two complaints about the attitude of a locum GP had not been managed effectively with limited information available with regard to how the complaint had been investigated and what learning outcomes had been identified and actioned. The practice manager told us the senior partner had spoken with the locum GP but this had not been recorded. Letters had been sent to the complaints stating the locum no longer worked at the practice.

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.

Comments we received were complimentary of the standard of care received at the practice and confirmed that patients were consulted and given choices as to how they wanted to receive their care.

Governance arrangements

Staff had specific roles within the practice for example safeguarding and infection control. The practice manager managed all administration and support services.

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.

Practice meetings were held regularly but did not include a fixed agenda item to discuss learning from incidents. The practice manager told us that learning points from complaints were cascaded via staff meetings to the relevant staff depending on the nature of the complaint.

Leadership, openness and transparency

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 staff meetings and learning points were identified and acted upon.

The practice reception staff encouraged all patients attending to complete the practice survey as a method of gaining patients feedback. In addition the practice manager was currently attempting to set up a patient participation group to gain feedback on a variety of topics. The practice reception staff encouraged all patients attending to complete the new Friends and Family Test as a method of gaining patients feedback.

Management lead through learning and improvement

The practice worked very well together as a team. There were systems in place to allow staff to develop for example, two members of staff told us about how their appraisal process had identified their wish to improve and gain further qualifications. The practice financially supported staff to gain further qualifications and knowledge to support their own personal development and to benefit the practice and their patients. All GPs had one half day per week as non-clinical time for administration and training purposes. GPs told us they found this supportive and vital for them maintain and update their clinical knowledge and skills.

Discussions with GPs and records showed the system of PUNS (Patient Unmet Needs) and DENS (Doctors Educational Needs) as a system of personal learning for GPs was embedded in the practice. This system supported improvement in quality and safety of the service provided to patients.

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	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 locum GPs. Regulation 19 (1) (2) (3) (a)
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	