Stanley Medical Centre

Quality Report

60 Stanley Road
Liverpool
L5 2QA
Tel: 01512070126
Website: www.drjudespractice-stanleymedicalcentre.co.uk

Date of inspection visit: 4 April 2017
Date of publication: 19/05/2017

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

Page

Overall summary 2

The five questions we ask and what we found 4

The six population groups and what we found 7

What people who use the service say 11

Areas for improvement 11

Detailed findings from this inspection

Our inspection team 12

Background to Stanley Medical Centre 12

Why we carried out this inspection 12

How we carried out this inspection 12

Detailed findings 14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stanley Medical Centre on 4 April 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff said they felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

There were areas where the provider should make improvement. The provider should:

- Monitor the new cleaning contract in place and ensure regular cleaning audits are undertaken.
- Ensure that procedures are followed monitored and reviewed for the management and maintenance of the premises.

Summary of findings

- Review the staffing levels of reception staff across the week to ensure adequate arrangements are in place at all times.
- Review the management and leadership structure of the practice.
- Monitor the new system put into place to ensure all nurses working at the practice are covered with appropriate medical indemnity insurance.
- This should include a risk assessment and needs analysis as the basis for deciding sufficient management and leadership roles are in place at all times.
- Monitor the new system put into place to ensure all
- Ensure that appropriate action plans are drawn up and monitored when risks, such as a fire risks, are identified for the practice.
- Consider the inclusion of reception staff to regular practice meetings so that communications can improve.
- Review the arrangements and meetings held with the Patient Participation Group (PPG).

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?

Good

The practice is rated as good for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff learnt from significant events and this learning was shared across the practice.
- Systems were in place for managing medicines safely.
- Staff were aware of their responsibilities to ensure patients received reasonable support, truthful information, and a written apology when things went wrong.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded them from abuse. Staff had been trained in safeguarding and they were aware of their responsibilities to report safeguarding concerns.
- There were systems in place to reduce risks to patient safety. For example, health and safety related checks were carried out on the premises and on equipment on a regular basis. There had not been a recent health and safety audit undertaken or formal plan in place for the maintenance of the premises. The practice had an up to date fire risk assessment and carried out regular fire drills but an action plan had not been developed to show this work had taken place. Immediate actions were taken by the provider and evidence of compliance was submitted after the inspection.
- The required pre-employment checks had been carried out to ensure staff suitability for the sample of staff we looked at. Immediate actions were taken by the provider and evidence of compliance was submitted after the inspection.
- We observed the premises to be clean and tidy. There were cleaning schedules in place but contract arrangements with the cleaning company in place, had broken down prior to inspection. The cleaning schedules were not being monitored at the time of inspection. Immediate actions were taken by the provider and evidence of compliance was submitted after the inspection.

Are services effective?

Good

The practice is rated as good for providing effective services.

Summary of findings

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of the local population and worked in collaboration with the NHS England Area Team, Clinical Commissioning Group (CCG), other GP practices, and partner agencies to secure improvements to services where these were identified and to improve outcomes for patients.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- A range of appointments were provided to meet the needs of patients. Overall, patients told us they could get an appointment if they needed one, but some patients felt they had to wait too long for a routine appointment. Some of the

Summary of findings

patients we spoke with said they found it difficult to get through to the practice to make an appointment. This was reflected in the national patient survey. The practice was in the process of getting a new phone system installed which was hoped would improve this.
- Information about how to complain was available. The practice responded quickly to issues raised and made improvements to the service in response to complaints.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a leadership structure which covered a number of the providers other practices, staff told us they felt supported by management. The practice had policies and procedures to govern activity.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The provider encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice did not have an active Patient Participation Group (PPG).
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

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

The practice is rated as good for the care of older people.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care and treatment to meet the needs of the older people in its population.
- Up to date registers of patients with a range of health conditions (including conditions common in older people) were maintained and these were used to plan reviews of health care and to offer services such as vaccinations for flu.
- The practice provided an enhanced service to prevent high risk patients from unplanned hospital admissions. This included these patients having a care plan detailing the care and treatment they required.
- GPs carried out regular visits to a local care home to assess and review patients' needs and to prevent unplanned hospital admissions.
- Home visits and urgent appointments were provided for patients with enhanced needs.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.
- Where older patients had complex needs, the practice shared summary care records with local care services.

People with long term conditions

Good

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

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive

pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required regular checks received these. There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- Practice nurses held dedicated lead roles for chronic disease management. As part of this they provided regular, structured reviews of patients' health.
- The practice held regular multi-disciplinary meetings to discuss patients with complex needs and patients receiving end of life care.
- Longer appointments and home visits were available for patients with long term conditions when these were required.
- Patients with multiple long term conditions could be offered a single appointment to avoid multiple visits to the surgery.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people.

- From the sample of documented examples we reviewed 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 department (A&E) attendances. A GP was the designated lead for child protection. A regular safeguarding meeting was held with health visitors to discuss child protection concerns. Staff we spoke with had appropriate knowledge about child protection and they had ready access to safeguarding policies and procedures.
- The practice employed an Immunisation Nurse to maintain and improve standard childhood immunisations.
- Patients told us on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice monitored non-attendance of babies and children at vaccination clinics and a practice nurse told us they reported any concerns to relevant professionals.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

Summary of findings

- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The premises were suitable for children and babies and baby changing facilities were available.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Telephone consultations were provided and patients therefore did not always have to attend the practice in person.
- Extended hours appointments were not available.
- The practice provided a full range of health promotion and screening that reflected the needs of this age group. The practice was proactive in offering online services including the booking of appointments and requests for repeat prescriptions. Electronic prescribing was also provided.

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 of patients living in vulnerable circumstances in order to provide the services patients required. For example, a register of people who had a learning disability was maintained to ensure patients were provided with an annual health check and to ensure longer appointments were provided for patients who required these.
- 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 worked with relevant health and social care professionals in the case management of vulnerable people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice held a register of patients experiencing poor mental health and these patients were offered at least an annual review of their physical and mental health.
- The practice referred patients to appropriate services such as psychiatry and counselling services.
- The practice regularly worked with multi-disciplinary teams including in the case management of patients experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.
- A system was in place to follow up patients who had attended accident and emergency and this included where people had been experiencing poor mental health.
- Processes were in place to prompt patients for medicines reviews at intervals suitable to the medication they were prescribed.
- Patients experiencing poor mental health were informed about how to access various support groups and voluntary organisations.
- GPs carried out at least weekly visits to a care home for people living with dementia and care planning was carried out to support these patients.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages, 350 survey forms were distributed and 105 were returned. This represented 6% of the practice's patient list.

- 100% of patients described the overall experience of this GP practice as good compared with the CCG average of 88% and the national average of 84%.
- 99% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.

All of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. They also told us they were extremely happy with how caring the practice had been and how their dignity and privacy had always been respected. We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- Monitor the new cleaning contract in place and ensure regular cleaning audits are undertaken.
- Ensure that procedures are followed monitored and reviewed for the management and maintenance of the premises.
- Review the staffing levels of reception staff across the week to ensure adequate arrangements are in place at all times.
- Review the management and leadership structure of the practice. This should include a risk assessment and needs analysis as the basis for deciding sufficient management and leadership roles are in place at all times.
- Monitor the new system put into place to ensure all nurses working at the practice are covered with appropriate medical indemnity insurance
- Ensure that appropriate action plans are drawn up and monitored when risks, such as a fire risks, are identified for the practice.
- Consider the inclusion of reception staff to regular practice meetings so that communications can improve.
- Review the arrangements and meetings held with the Patient Participation Group (PPG).

Stanley Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team also included a GP specialist adviser and a second CQC Inspector.

Background to Stanley Medical Centre

Stanley Medical Centre is registered with CQC to provide primary care services, which include access to GPs, family planning, ante and post-natal care. The practice has a General Medical Services (GMS) contract with a registered list size of 1854 patients (at the time of inspection). The practice had a high proportion of patients with significant levels of deprivation, disease prevalence and unemployment. The area has a predominantly white working class population.

The practice has one GP partner, a salaried GP, a long term locum GP, advanced nurse practitioner, practice nurse and health care assistant and a number of administration and reception staff. The practice is open from 8am to 6.30pm Monday to Friday. Home visits and telephone consultations were available for patients who required them, including housebound patients and older patients. There are also arrangements to ensure patients receive urgent medical assistance out of hours when the practice is closed.

The practice is part of the Liverpool Clinical Commissioning Group (CCG). They provide a range of enhanced services, for example: childhood vaccination and immunisation schemes, checks for patients who have a learning disability and avoiding unplanned hospital admissions.

The practice does not provide out of hours services. When the surgery is closed, patients are directed to the local GP out of hour's service and NHS 111. Information regarding out of hours services was displayed on the website, on the practice answering machine and in the practice information leaflet.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations like the local Clinical Commissioning Group (CCG) to share what they knew. We carried out an announced visit on 4 April 2017. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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

Good

Are services safe?

Our findings

Safe track record and learning

There was a new system in place for reporting and recording significant events.

- Staff told us they would inform the senior managers of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- From the sample of four documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out an annual analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when a patient record had been scanned onto the wrong records the practice undertook a significant event review, met with staff, carried out additional training and a review of the correct policy for scanning patient records was completed.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. All clinicians were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check, (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules in place but we were informed contract arrangements with the cleaning company had broken down prior to inspection. The cleaning schedules were not being monitored at the time of inspection.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had identified for itself that problems with cleaning arrangements and contracts were having an impact in maintaining infection control standards across the practice.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for

safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. The practice nurse was a new recruit and was receiving mentorship and support from the provider and wider practices in developing their role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

We reviewed files and information relating to locum GPs and self-employed staff members. We found that appropriate arrangements were not in place for ensuring nurses were working at the practice with appropriate medical indemnity insurance. It is a condition of their registration with the Nurses and Midwifery Council (NMC) that all registered nurses should have professional indemnity insurance and it is their responsibility to ensure these arrangements are in place as part of their contract arrangements with their employer. The registered provider for each practice should also check these arrangements as part of the practice recruitment process. We discussed this matter with the provider and immediate actions were taken to get the insurance promptly. After the inspection it was confirmed that all staff had completed this and a new system for checking all recruitment had been put in place.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There were systems in place to reduce risks to patient safety. For example, health and safety related checks were carried out on the premises and on equipment on a regular basis. There had not been a recent health and safety audit undertaken or formal plan in place for the maintenance of the premises. The practice had an up to date fire risk assessment and carried out regular fire drills but an action plan had not been developed to show this work had taken place. Immediate actions were taken by the provider and evidence of compliance was submitted after the inspection.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning the number of staff and mix of staff needed to meet patients' needs. However, the staff numbers had not been monitored to ensure there were enough staff on duty at all times. There were occasions across the week when only one member of reception staff was on duty and we identified a potential risk to ensuring the needs of patients would be met at all times. The provider submitted an action plan following inspection showing that a risk assessment was to be undertaken.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients, (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results we held did not relate to the current provider at this practice. Information shown to us during the inspection showed the practice was working towards an action plan they had developed for areas where they were an outlier for QOF and other national and clinical targets. Data shown to us, which was unverified, by the provider on the day indicated;

- Performance for diabetes related indicators was comparable with CCG and national averages. 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 83% with a local CCG target of 75%. Figures presented showed that 100% of patients had been offered a structured educational programme, with the local CCG target being 90%.
- Performance for mental health related indicators was above average with CCG and national averages. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record, in the preceding 12 months, was 91%, with the local CCG target being 90%. Areas where the practice needed to improve was for monitoring blood pressure for this patient group and monitoring the medications levels of Lithium. The practice was aware of this and an action plan was in place.

Information about outcomes for patients was used to make improvements. 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. There were a number of audits and medication reviews taking place. For example, a patient search was undertaken on the practice register for patients with Chronic Obstructive Pulmonary Disease (COPD) to establish if all patients had completed a spirometry test. They found that 50 patients out of the 72 on the register did not have this completed in the last 12 months. The practice discussed the results at a meeting and reflected on the reasons why patients were not attending for the test. Advice was sought from the local respiratory nurses, new equipment was used and patients were re-encouraged to attend. A re audit in March 2017 showed improvements was made in the number of patients who attended for the test, with improvement patient outcomes being demonstrated. The findings were used by the practice to improve services.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. The provider had a vaccination and immunisation nurse working across each of their practices to improve uptake of this for children. Staff

who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included assessments, care plans, medical records and test results. All paper and electronic records relating to people's care was well managed. Staff could easily access the information they needed to assess, plan and deliver care to patients in a timely way.

Monthly meetings were encouraged with other healthcare professionals to discuss the on-going needs of patients with long term conditions and those at risk of hospital admissions. Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information such as NHS patient information leaflets was also available.

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.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted those to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice had recently developed a carer's register to support caring family members in the promotion of their own health.
- A dietician was available and smoking cessation advice was available from a local support group.
- The practice was developing arrangements for communicating with young people through social media.
- The practice employed an Immunisation Nurse to encourage vaccination uptake for families, children and young people, particularly those that are vulnerable.
- The practice's uptake for the cervical screening programme was 74% with the local CCG target being 80%. There was a policy to offer reminders for patients who did not attend for their cervical screening tests. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Good

Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations to promote privacy. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Staff we spoke with recognised the diversity, values and human rights of patients that attended the practice and good examples were shared with us for how they had shown caring and compassionate care to patients and their families.

All of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We spoke with six patients during the inspection who also gave us numerous examples for how caring the GP and receptions staff were. They told us they were extremely happy with how caring the practice had been and how their dignity and privacy had always been respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Results were similar to or higher than local and national averages. For example:

- 90% of patients said the GP was good at listening to them compared the national average of 81%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 86%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 97%
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 84%.
- 96% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 100% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 91%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 90%.
- 86% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 86%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised but the practice had identified that improvements were needed to these.

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. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 81%.

Good

Are services caring?

- 96% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 89%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area and in the GP consulting rooms, which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer, the practice had identified that this was approximately 1% of the practice list. This information was used to support carers and direct them to appropriate resources. Written information was available to direct carers to the various avenues of support available to them. We found that clinical staff referred patients on to counselling services for emotional support, for example, following bereavement. The practice told us that cards and letters were often written to families when bereavement had been experienced. The practice was working to identify further carers to ensure they had access to the support services available.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- The practice employed an Immunisation Nurse to encourage vaccination uptake for families, children and young people, particularly those that are vulnerable.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice recently employed Practice Matron to develop the care and support given to patients with long term conditions.
- Future plans for the practice includes employing a mental health nurse to work alongside practice staff to support this patient group.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 84% of patients were satisfied with the practice's opening hours compared with the national average of 75%.
- 94% of patients said they could get through easily to the practice by phone compared to the national average of 72%.
- 95% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the national average of 75%.
- 100% of patients said their last appointment was convenient compared with the CCG average of 92% and the national average of 91%.
- 99% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.
- 84% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 59% and the national average of 57%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. A complaints policy and procedures was in place. We saw that information was available to help patients understand the complaints procedure and how they could expect their complaint to be dealt with. We looked at complaints received in the last 12 months and saw they had been satisfactorily dealt with. Complaints were discussed at practice meetings and an annual review of complaints was carried out. We spoke with staff and found that lessons had been learnt from the sample of complaints we looked at and action had been taken to improve the quality of care and patients' experience as a consequence to these.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities, GPs and nurses had lead roles in key areas. For example, in the management of patient long term conditions.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. However, we noted that receptions staff were not included in these meetings and there was no evidence that the learning that took place here was shared with receptions staff to keep them updated.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the provider demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the senior partner was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. This included support training for all staff on communicating with patients about notifiable safety incidents. The management team encouraged a culture of openness and honesty. From the sample of four documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. General Practitioners, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings but these were not in place for reception staff.
- Staff said they felt respected, valued and supported, particularly by the senior partner in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- There were arrangements for planning the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. However, these staff numbers had not been monitored to ensure there was

Are services well-led?

Good

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

enough staff on duty at all times. The practice also did not have a named practice manager for some days of the week. An action plan was submitted by the provider to review this following inspection.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had a proactive Patient Participation Group (PPG) but prior to the inspection the work with this group had lapsed. It was part of the practice development to re set up this group and to hold regular meetings to gain their views.

The practice had a support structure in place for supervision which included informal one to one sessions with staff. We were informed the practice nurses had informal supervision from the lead GP and they regularly attended local neighbourhood meetings for peer support and supervision. The development of staff was supported through a regular system of appraisal that promoted their professional development and reflects any regulatory or professional requirements. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. Monthly training was undertaken by the GPs and nurses with protective learning sessions.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. This included the practice developing the roles of practice matron to support and further train practice staff and being involved in local schemes to improve outcomes for patients. The provider was aware of current challenges to the service, including, the maintenance and cleaning contract and quick and responsive actions were taken immediately following inspection. Future developments included the plan to introduce the role of mental health nurse to support the practice and improve patient outcomes for this population group.