

Grove Road Surgery - R Tandon

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?		Good	
Are services effective?		Good	
Are services caring?		Outstanding	
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	10
Areas for improvement	10
Outstanding practice	10

Detailed findings from this inspection

Our inspection team	12
Background to Grove Road Surgery - R Tandon	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 Grove Road Surgery on 15 December 2015. 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 an effective system in place for reporting and recording significant events.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients were treated with care, compassion, dignity and respect and they were involved in their care and

decisions about their treatment. They were not rushed at appointments and full explanations of their treatment were given. They valued their practice and felt confident with the skills and abilities of staff.

- We observed a strong patient-centred culture.
- The practice proactively sought feedback from staff and patients, which it acted on. For example installing a patient lift in the new building.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with routine and urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw an area of outstanding practice:

- The practice staff worked well as a team delivered a high standard of care and put patients first. There was continuity in care and individuality with patients being well known to the practice. There was an

Summary of findings

exceptionally high level of patient satisfaction with the care given. Patients we spoke with, comment cards and data from patient surveys reviewed confirmed a high level of satisfaction with the care given by the practice staff. The practice was rated as the best for patient satisfaction in the North West. Staff demonstrated they were motivated and inspired to offer kind and compassionate care.

There were areas where the provider could make improvements and they should:

- Carry out water temperature checks in line with recommendations following the Legionella risk assessment.
- Update and publicise information for patients in respect of out of hour's services and how to access them.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as outstanding for providing caring services.

Outstanding



- Data showed that patients rated the practice higher than others for all aspects of care. For example 100% of respondents to the patient's survey said the GP was good at giving them enough time, good at listening to them and for finding the receptionists helpful.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture, staff treated patients with kindness, respect and friendliness.

Summary of findings

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example GPs made home visits to vulnerable patients in order to make them feel at ease and not have the stress of having to go to the practice.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Views of external stakeholders were very positive and aligned with our findings.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- It 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was an active virtual group and were involved in practice developments.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in avoiding unplanned admissions, dementia and end of life care.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was higher than the national average at 76%.
- It was responsive to the needs of older people, and offered home visits (including to their patients in care homes) and urgent appointments for those with enhanced needs. The practice nurse also carried out routine visits to elderly patients for reviews and vaccinations/immunisations.

Good



People with long term conditions

The practice maintained and monitored registers of patients with long term conditions for example cardiovascular disease, diabetes, chronic obstructive pulmonary disease and heart failure. These registers enabled the practice to monitor and review patients with long term conditions effectively.

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance indicators for management of diabetes were all above national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. Systems ensure patient recalls are highlighted.
- For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations with all of immunisations for five year olds uptake at 100%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was around the national average at 81%.
- Appointments were available outside of school hours and we saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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. For example the practice offered early morning and evening appointments face to face or via the telephone.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability, homeless and with alcohol or substance misuse.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and worked with voluntary organisations such as the Wirral Alcohol Service.

Good



Summary of findings

- Staff were familiar with patients from this group and knew and understood family dynamics.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice had mental health and dementia leads. They carried out advance care planning for patients with dementia and 100% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. (This was well above the national average).
- 94% of people experiencing poor mental health (above national average of 88%) had a comprehensive documented care plan in place.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.
- All patients with poor mental health were given extended appointments.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2015 showed the practice was performing higher than average in the questions asked. There were 311 responses which represented a 37.3% completion rate for surveys sent out and 5% of the patient list. The results showed, for example:

- 100% find it easy to get through to this surgery by phone compared with a CCG average of 78% and a national average of 73%.
- 100% find the receptionists at this surgery helpful compared with a CCG average of 90% and a national average of 87%.
- 78% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 63% and a national average of 60%.
- 98% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
- 100% say the last appointment they got was convenient compared with a CCG average of 95% and a national average of 92%.
- 99% describe their experience of making an appointment as good compared with a CCG average of 78% and a national average of 73%.
- 88% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 66% and a national average of 65%.
- 88% feel they don't normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all very positive about the standard of care received. All patients we spoke with and comments reviewed were extremely positive about the practice, the staff and the service they received. They told us staff were caring and compassionate and that they were always treated well with dignity and respect. They told us they were given time at appointments, listened to and felt valued. They said their needs were always responded to and they felt the service was excellent at this practice.

Areas for improvement

Action the service **SHOULD** take to improve

There were areas where the provider could make improvements and they should:

- Carry out water temperature checks in line with recommendations following the Legionella risk assessment.
- Update and publicise information for patients in respect of out of hour's services and how to access them.

Outstanding practice

We saw an area of outstanding practice:

- The practice staff worked well as a team delivered a high standard of care and put patients first. There was continuity in care and individuality with patients being well known to the practice. There was an exceptionally high level of patient satisfaction with the care given. Patients we spoke with, comment cards and data from patient surveys reviewed confirmed a high level of satisfaction with the care

Summary of findings

given by the practice staff. The practice was rated as the best for patient satisfaction in the North West. Staff demonstrated they were motivated and inspired to offer kind and compassionate care.

Grove Road Surgery - R Tandon

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector and included a GP specialist advisor and a practice manager specialist advisor.

Background to Grove Road Surgery - R Tandon

Grove Road Surgery is registered with the Care Quality Commission to provide primary care services. It provides GP services for approximately 2500 patients living in Wirral. The practice is situated in a converted residential building which is currently undergoing extension and refurbishment to improve facilities and service provision. The practice has two male GP and two female GPs, a practice manager, practice nurses, administration and reception staff. Grove Road Surgery holds a Personal Medical Services (PMS) contract with NHS England.

The hours of practice are:

Monday 9.30am – 11.45am and 4pm – 6pm

Tuesday 7.30am – 11.45am and 3pm – 6pm

Wednesday 9am – 11.45am and 4pm – 7.30pm

Thursday 9am – 11.45am

Friday 9am to 11am and 4pm – 6pm

Patients can book appointments in person, via the telephone or online. The practice provides telephone

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

The practice is part of Wirral Clinical Commissioning Group (CCG) and is situated in a moderately affluent area. The practice population is made up of a mostly working age and elderly population with 35% of the population aged over 65 years old. Fifty five percent of the patient population has a long standing health condition and there is a higher than national average number of employed patients or those in full time education (62%).

The practice does not provide out of hours services. When the surgery is closed patients are directed to the local out of hour's service provider (Wirral GP Out of Hours service) and NHS 111 for help. However information regarding out of hours services was not up to date nor was it easily accessible to patients.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. 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 (Regulated Activities) and Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

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 and treatment, we always ask the following five questions:

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

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

- Older people

- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before our inspection we carried out an analysis of the data from our Intelligent Monitoring System. We also reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas.

We reviewed all areas of the practice including the administrative areas. We sought views from patients face-to-face, looked at survey results and reviewed comment cards left for us on the day of our inspection. We spoke with staff and patients at the practice on the day of our inspection.

Are services safe?

Our findings

Safe track record

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- Staff told us there was an open and 'no blame' culture at the practice and that staff were encouraged to report adverse events and incidents.
- The practice carried out a thorough analysis of the significant events and reviewed them individually as required.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, people received support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the similar incidents happening again.

Overview of safety systems and processes

The practice could demonstrate its safe track record through having risk management systems in place for safeguarding and health and safety including infection control, medication management and staffing.

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and policies were accessible to all staff. Staff had access to relevant practice and local safeguarding authority policies and procedures. Contact details and process flowcharts for both child protection and adult safeguarding were displayed in the treatment rooms. There was a clinical lead and deputy for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to

their role. The practice had systems for identifying and alerting children and vulnerable adults who were at risk. The practice held regular safeguarding meetings with the multi-disciplinary team.

- A notice was displayed in the waiting room and in consultation rooms, advising patients that chaperones were available, if required. Nursing staff acted as chaperones and had received a Disclosure and Barring Service (DBS) check. Administrative staff were being trained to undertake this role and had received a DBS check also. A chaperone is a person who acts as a safeguard and witness for a patient and healthcare professional during a medical examination or procedure.
- Historic paper patient records and staff records were stored safely in locked metal cabinets.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead; however they had only received a basic level of infection control training. There was an infection control policy and related procedures in place. All staff had received update training. An infection control audit had been undertaken in September 2015 and we saw evidence that action was taken to address any improvements identified as a result. A number of action points would be addressed by the extension and refurbishment of the premises due to be completed in April 2016. The practice had carried out Legionella risk assessment, however regular monitoring of water temperatures did not occur.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice maintained patient safety (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out. We looked at six staff files and these showed t

Are services safe?

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There were health and safety policies and procedures in place with a poster in the staff office. The practice had undertaken general environmental, COSHH and fire risk assessments and carried out fire drills annually. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There were sufficient staff and a rota system in place for all the different staffing groups to ensure that enough staff were on duty at all times. A staffing review had been undertaken and demonstrated plans to ensure sufficient staffing with the implementation of service developments and extension to the premises.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place 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.
- The practice had an automated external defibrillator (AED) available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- There were emergency medicines available in the nurse's room. The practice may wish to consider accessibility of these medicines when the nurse's room is in use for examinations of patients.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Staff were fully aware of the business continuity plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place 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 peoples' needs.
- Latest guidance and protocols were disseminated through the team by various means such as one to one meetings, staff meetings and update training.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Services provided were tailored to meet patients' needs. For example long term condition reviews were conducted in extended appointments. The practice used coding and alerts within the clinical electronic record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record. For example, patients on the palliative care register or those vulnerable adults and children at risk. The GPs used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital and the referrals were monitored to ensure an appointment was provided within two weeks.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 99% of the total number of points available, compared to a national average of 94.2%. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed:

- Performance for diabetes related indicators was slightly above the national average.

- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average
- Performance for mental health related indicators was above the national average.
- Cervical smear screening uptake for women was around the national average.
- Childhood immunisation rates were mostly higher than average.

Clinical audits demonstrated quality improvement.

- We looked at a sample of four clinical audits completed in the last two years; these were all completed audits where the improvements made were implemented and monitored. All of these audits (atrial fibrillation treatment, minor surgical procedures, anticoagulation therapy and diabetic care) demonstrated improved outcomes for patients had been achieved.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff, including GPs, medical students and locum GPs.
- The learning needs of staff were identified through a system of appraisals and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals and facilitation and support for the revalidation of doctors. All staff had an annual appraisal and the GPs had recently been re validated or were preparing for their forthcoming revalidation.
- The practice was a training practice and occasionally had medical students working at the practice. They were fully supported by GP trainers and the team in their training and development.
- Staff received training that included: safeguarding, infection control, equality and diversity, basic life support and information governance awareness

Are services effective?

(for example, treatment is effective)

amongst other topics. Staff had access to and made use of e-learning training modules and training events. We saw evidence that demonstrated all staff were up to date with their relevant training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular bimonthly basis and that care plans were routinely reviewed and updated.

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 (MCA). The lead GPs for dementia and learning disabilities had undergone specific training in the MCA and one GP had experience working within psychiatry departments and working closely with learning disability facilities. 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 assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

- Consent was obtained and recorded for minor procedures such as joint injections.

Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then offered in house support and signposted to the relevant service.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 81.4%, which was around the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisation rates for the vaccinations given were high with all of five year olds immunisations given attaining 100% of eligible children. Child non-attenders were followed up. Flu vaccination rates for the over 65s were 76% (higher than the national average of 73%, and at risk groups 64% (higher than the national average of 55%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. A lot of health assessments were undertaken opportunistically, for example, when patients who had not visited the practice for some time presented with minor ailments they were given a full health check and those attending for flu vaccinations were checked and referred for appointments as necessary.

One of the GPs had a regular weekly session on a local radio program to promote healthy living and lifestyles and gave advice on health concerns. The practice hosted the local community trust 'Live Well' health trainer who offered assessments, guidance and advice on health living.



Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. One of the nurses' rooms did not have curtains and the practice told us they would rectify this immediately.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Doors were locked during intimate examinations.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 30 patient CQC comment cards we received were extremely positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were kind, helpful, caring and treated them with dignity and respect.

We also spoke with two patients including one member of the virtual patient participation group. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Patients told us that staff knew them personally, knew their medical conditions and would always ensure they were given a same day appointment if they were unwell due to their long term condition. Comments also told us that staff were caring and compassionate and listened to them. They provided them with options of care and gave appropriate advice and treatment for their specific condition. Patients with long term conditions, vulnerable patients and those with children told us they were given good care with clinical staff going above and beyond their duty of care to look

after these patients. For example GPs would routinely make home visits to patients with alcohol or substance misuse so that they did not have to visit the practice and feel uncomfortable or stressed.

Patient comments told us they appreciated the continuity of care given and the very friendly and family orientated healthcare team.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice had excellent scores for all of its satisfaction questions asked and was rated as the top practice in the North West for patient satisfaction and 24th in England.

Results showed For example:

- 100% said the GP was good at listening to them compared to the CCG average of 92% and national average of 87%.
- 100% said the GP gave them enough time (CCG average 90%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 98% said the last GP they spoke to was good at treating them with care and concern (CCG average 90%, national average 85%).
- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 90%).
- 100% said they found the receptionists at the practice helpful (CCG average 90%, national average 87%)

An NHS England local area team patient survey (January 2015) confirmed these results with the practice performing at 'excellent' for the majority of questions asked, for example: confidence and trust in GPs, helpfulness of receptionists and overall experience of surgery.

Care planning and involvement in decisions about care and treatment

Patients' comments told us that health issues were discussed with them and they felt very much involved in decision making about the care and treatment they received. They also told us they felt listened to and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.



Are services caring?

Results from the National GP Patient Survey were all above average for questions about their involvement in planning and making decisions about their care and treatment. For example:

- 97% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 93% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 81%
- 93% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 85%

Staff told us that translation services were available for patients who did not have English as a first language. We saw information and contact details relating to this in the reception and administration areas. We saw appropriately translated information for two of the most prevalent languages other than English regarding chaperones displayed in the waiting rooms.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer and patients told us they were well supported if they were also a carer. The practice had identified and held a register of its carers. The practice held regular coffee mornings for carers. Written information was also available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice identified its patient population needs and worked with patients and the local clinical commissioning group (CCG) to improve outcomes for patients in the area.

There was a virtual patient participation group (PPG) and we spoke with one member on the day of inspection. The group worked well with the practice and represented patients' views well. We were given examples of how improvements had been made as a result of feedback from patients. For example, installation of a passenger lift and disabled parking facilities, both due to be completed with the extension and refurbishment of the premises.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- Routine appointments of 15 minutes were offered daily.
- There were longer appointments available for people with a learning disability and poor mental health.
- There were longer appointments available for people with multiple diseases/conditions.
- Routine, regular home visits were available for older patients, vulnerable patients and those who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions. For example those patients at the end of their life were alerted on their records so that the receptionists could put them straight through to a GP.
- The practice offered early morning and evening appointments.
- There were disabled facilities and ground floor treatment rooms available.
- Smoking cessation and health promotion services were available.
- There was a weekly antenatal clinic held at the practice with the community midwife in attendance.
- Online booking of appointments and ordering of repeat prescriptions
- Access to translation service for patients whose first language was not English.

The practice had dedicated clinical leads for the various patient groups and conditions.

Access to the service

The hours of practice are:

Monday 9.30am – 11.45am and 4pm – 6pm

Tuesday 7.30am – 11.45am and 3pm – 6pm

Wednesday 9am – 11.45am and 4pm – 7.30pm

Thursday 9am – 11.45am

Friday 9am to 11am and 4pm – 6pm

Appointments and repeat prescriptions could be booked online. There were pre bookable in advance appointments available as well as urgent and on the day appointments.

Results from the National GP Patient survey showed that patient's satisfaction with how they could access care and treatment was consistently higher than local and national averages. For example:

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 82% and national average of 75%.
- 100% patients said they could get through easily to the surgery by phone compared to the CCG average of 78% and national average of 73%.
- 99% patients described their experience of making an appointment as good compared to the CCG average of 78% and national average of 73%.
- 88% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.

Patients' comments told us they had no issues with accessing appointments, waiting times or getting to see a preferred GP.

There were two male GPs and two female GPs working at the practice. The practice was also a teaching practice and had medical students working there. Patients told us they were able to see a GP of their choice including female GPs when requested. Survey results told us that 78% of those patients with a preferred GP usually got to see or speak to that GP (compared to the CCG average of 63% and national average of 60%)

The practice did not provide an out of hour's service; this was provided by the local out of hour's service provider and accessible by contacting NHS 111 in the first place. There was little information available as to how to access out of

Are services responsive to people's needs?

(for example, to feedback?)

hours advice on the website or in written information. This was confirmed by the national patient survey results showing that only 55% of respondent knew how to contact their out of hour's provider ((lower than the CCG average).

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system for example information in the waiting/reception area and a specific information leaflet regarding how to make a complaint.
- Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at three complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way. They demonstrated openness and transparency in dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. Complaints were reviewed individually to ensure all actions had been taken, however they were not reviewed together annually in order to help identify themes and trends.

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 did not have a displayed mission statement however staff knew and understood the values that the practice worked to and could articulate them.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice was currently undergoing extension and refurbishment of the premises in order to provide improved facilities and services.

Governance arrangements

The practice had an overarching governance policy which outlined the structures, policies and procedures in place

Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice policies and procedures that were implemented, staff were familiar with and that they could all access.
- A system of reporting incidents without fear of recrimination.
- Staff learnt from incidents and complaints.
- Systems for monitoring performance against targets including QOF and patient surveys.
- Audits based on local and national priorities which demonstrated an improvement on patients' outcomes.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' and staff feedback through a functioning virtual patient participation group, surveys, face to face discussions, appraisals and meetings. Acting on any concerns raised by both patients and staff.
- The GPs were all supported to address their professional development needs for revalidation and all staff in appraisal.

- Arrangements for identifying and managing risks such as fire, security and general environmental health and safety risk assessments.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents including reporting of adverse medicine reactions. When there were unexpected or unintended safety incidents the practice gave affected people support, truthful information and a verbal and written apology

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

- Staff told us and we saw examples of regular clinical and team meetings taking place.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners and management 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 including feedback on the premises developments.

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' and staff feedback and engaged them in the delivery of the service.

- It had gathered feedback from patients through the virtual patient participation group (PPG) and through

Are services well-led?

Good 

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

surveys, the NHS friends and family test and complaints received. Examples were seen of the practice acting on feedback from patients such as installation of a lift and disabled car parking.

- The practice had also gathered feedback from staff through staff surveys, meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example in the care/treatment of elderly patients, those with long term conditions and those with learning disabilities and poor mental health.