

Dr G Hedley & Partners

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Hedley and Partners (St Marks Medical Centre) on 14 July 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing effective, caring and responsive and well led services. It was also good for providing services to meet the needs of all population groups of patients. It required improvement for providing safe services.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks, infection control monitoring and building maintenance.

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff training was not monitored effectively and there was no system in place to identify when training needed to be updated.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

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

Summary of findings

Importantly, the provider must:

- Take action to ensure its recruitment policy, procedures and arrangements are consistently applied to ensure necessary employment checks are in place for all staff and the required information in respect of workers is held.
- Take action to put in place monitoring and audit systems to ensure infection control practices are safe and effective. To minimise the risk of cross contamination and spread of infection including those that are health care associated.

The provider should:

- Take action to monitor the work load of the administration staff to ensure tasks such as non-urgent referrals to secondary care are sent in a timely manner.
- Take action to ensure that staff training needs and completed training are clearly recorded on a system that indicates the dates training is to be provided or is due.
- Take action to ensure reception and administration receive an update to their safeguarding training.
- Take action to ensure the practice management team receive an annual appraisal to support the practice to continue to develop and improve services for patients.

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 requires improvement for providing safe services as there are areas where it should make improvements. There were appropriate systems in place to protect patients from the risks associated with medicines. The staffing numbers and skill mix were reviewed to ensure that patients were safe and their care and treatment needs were met. There were processes in place for reporting and investigating safety incidents. The practice was clean. The recruitment and selection procedures were not consistently applied. There were no systems in place to monitor infection control or health and safety issues with regard to the building and equipment. The system in place to monitor staff training needs and completed training was not robust. The practice management team did not receive an annual appraisal to support the practice to continue to develop and improve services for patients.

Requires improvement



Are services effective?

The practice is rated as good for effective. Patients care needs were assessed and care and treatment was being considered in line with best practice national guidelines. Clinical staff were provided with the training needed to carry out their roles and they were appropriately supported. Staff were proactive in promoting good health and referrals were made to other agencies to ensure patients received the treatments they needed. The practice monitored its performance and had systems in place to improve outcomes for patients. The practice worked with health and social care services to promote patient care.

Good



Are services caring?

The practice is rated as good for caring. Patients we spoke with were positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Patients felt involved in planning and making decisions about their care and treatment. Staff were aware of the importance of providing patients with privacy. Patients were provided with support to enable them to cope emotionally with care and treatment.

Good



Are services responsive to people's needs?

The practice is rated as good for responsive. The practice planned and monitored its services to meet the differing needs of patients

Good



Summary of findings

and identify priority service improvements. Access to the service was also monitored and changes made to meet patient needs. The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint.

Are services well-led?

The practice is rated good for being well-led. There was a clear leadership structure in place. Quality and performance and risks to the clinical care provided to patients were monitored and risks were identified and managed. Staff told us they felt the practice was well managed with clear leadership from clinical staff and the practice manager. Staff told us they could raise concerns and felt they were listened to. The practice had systems to seek and act upon feedback from patients. The practice had not effectively monitored the work load of the administration staff to ensure non urgent referrals to secondary services were sent within an agreed timescale.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for care for older people. The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services. These included the avoidance of unplanned admissions scheme The practice had a designated named GP for patients who are 75 and over, carried out home visits and had a rapid access appointment system.

Good



People with long term conditions

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

The practice had achieved and implemented the Gold Standards Framework (to provide end of life care to ensure better lives for people and recognised standards of care) for end of life care. Clinical staff spoken with told us that frequent liaison occurred outside these meetings with health and social care professionals in accordance with the needs of patients.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. All new mothers were sent a letter advising them how to access services for mother and baby. The staff were responsive to parents' concerns about their child's health and prioritised appointments for children presenting with an acute illness. The extended hours service on a Saturday morning allowed parents to bring children to appointments, avoiding them having to miss school. Staff were aware of the child protection policy and procedure and a GP took the lead for safeguarding. Staff put alerts onto the patient's electronic record when safeguarding concerns were raised. Regular liaison took place with the health visitor to discuss any children who were at risk of abuse and to review if an appropriate level of GP service had been provided.

Good



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). This group's needs

Good



Summary of findings

had been identified and the practice adjusted the services offered to ensure they were accessible, flexible and offered continuity of care. For example, the practice offered early morning appointments Monday to Friday from 8am and a Saturday morning clinic.

The practice offered health promotion and screening that reflected the needs for this age group such as smoking cessation, sexual health screening and contraceptive services. Health checks were offered to patients who were over 45 years of age to promote patient well-being and prevent any health concerns.

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

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 was aware of patients in vulnerable circumstances and ensured they had appropriate access to health care to meet their needs. For example, a register was maintained of patients with a learning disability and annual health care reviews were provided to these patients

The practice had a record of carers and used this information to discuss any support needed and to refer carers on to other services if necessary. Staff were aware of local support services to sign post patients to such as Addaction which assists people with drug and alcohol issues and the Citizen's Advice Bureau.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients an annual appointment for a health check and a medication review. The practice liaised with and referred patients to appropriate services such as psychiatry as needed. The practice had increased its register of patients with dementia by undertaking computer searches on medication, referrals and opportunistically screening patients. There was a plan in place to ensure each patient diagnosed with dementia had an individual care plan. A counselling service was provided from the same premises which GPs and nurses could refer patients to. The practice had information for patients in the waiting areas to inform them of other services available. For example, for patients who may experience depression or those who would benefit from counselling services for bereavement.

Good



Summary of findings

What people who use the service say

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

We received 26 comment cards and spoke with five patients. All comments received indicated the staff team were very caring. However two cards indicated dissatisfaction with trying to make an appointment.

Results received from the National GP Patient Survey from January 2015 from a total of 110 responses showed that:

- 84% of patients described their overall experience of this surgery as good compared to the national average of 85% when compared to other practices.
- 81% of patients found it easy to get through to this practice by phone compared with the national average of 74% when compared to other practices.
- 57% of patients with a preferred GP usually get to see or speak to that GP compared with the national average of 60% when compared with other practices.
- 89% of patients said the nurse was good at listening to them compared with the national average of 91% when compared with other practices.
- 87% of patients said the last GP they saw or spoke to was good at treating them with care and concern compared with the national average of 85% when compared with other practices.
- 90% of patients said they found the receptionists helpful compared with the national average of local average of 87% when compared with other practices.

Areas for improvement

Action the service **MUST** take to improve

- Take action to ensure its recruitment policy, procedures and arrangements are consistently applied to ensure necessary employment checks are in place for all staff and the required information in respect of workers is held.
- Take action to put in place monitoring and audit systems to ensure infection control practices are safe and effective. To minimise the risk of cross contamination and spread of infection including those that are health care associated.

Action the service **SHOULD** take to improve

- Take action to monitor the work load of the administration staff to ensure tasks such as non-urgent referrals to secondary care are sent in a timely manner.
- Take action to ensure that staff training needs and completed training are clearly recorded on a system that indicates the dates training is to be provided or is due.
- Take action to ensure reception and administration receive an update to their safeguarding training.
- Take action to ensure the practice management team receive an annual appraisal to support the practice to continue to develop and improve services for patients.

Dr G Hedley & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was carried out by a CQC Lead Inspector. The team also included a GP specialist advisor and a practice manager specialist advisor.

Background to Dr G Hedley & Partners

Dr Hedley and Partners (St Marks Medical Centre) is based in Southport, Sefton. The practice treats patients of all ages and provides a range of medical services. At the time of our visit, the staff team were comprised of 11 GP partners, a Pharmacist partner, a Nurse Practitioner, a community pharmacist attached to the practice, five practice nurses, two health care assistants, a practice manager, a business manager, reception and administrative staff. The practice is a training practice for doctors.

The practice is open Monday to Friday 8am to 6:30pm and offers extended hours opening on Saturday mornings. Patients can book appointments in person or via the telephone. The practice provides pre-bookable consultations up to five weeks in advance, same day appointments, a triage service to offer advice and signpost patients and home visits to patients who are housebound or too ill to attend the practice. When the practice is closed, patients are directed to access Integrated Care Sefton for primary medical services.

The practice is part of NHS Southport and Formby Clinical Commissioning Group. It is responsible for providing primary care services to approximately 15,718 patients. The practice is situated in an area with higher levels of deprivation when compared to other practices nationally.

Approximately 59% of patients have a long standing health condition, approximately 69% of patients are disability living allowance claimants and approximately 20.8% of patients have caring responsibilities. These figures are slightly above average levels when compared to other practices nationally. The practice has a Personal Medical Services (PMS) contract.

Why we carried out this inspection

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

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

How we carried out this inspection

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

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

Detailed findings

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

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired (including students)
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health (including people with dementia)

We carried out an announced inspection of the practice and in advance of our inspection, we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service.

We also reviewed policies, procedures and other information the practice provided before the inspection. This did not raise any areas of concern or risk across the five key question areas. We carried out an announced inspection on 14 July 2015.

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

Are services safe?

Our findings

Safe track record

There was a system in place for reporting and recording significant events (events where the practitioner can identify an opportunity for making improvements, either because the outcome was substandard or because there was a potential for an adverse outcome). The practice had a significant event monitoring policy and an electronic significant event recording form which was accessible. The practice carried out an analysis of these significant events and this also formed part of GPs' individual revalidation process. (Every GP is appraised annually and undertakes a fuller assessment called revalidation every five years, which allows them to carry on practising). NHS England and the South Sefton Clinical Commissioning Group (CCG) had no concerns about the safety track record at the practice.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring safety incidents. A protocol around learning and improving from safety incidents was available for staff. We looked at a sample of records of significant events that had occurred in the last two years. There was evidence that appropriate learning had taken place and that findings were disseminated to relevant staff.

Clinical and non-clinical staff told us they felt able to report significant events and that these incidents were analysed, learning points identified and changes to practice were made as a result. Staff were able to describe the incident reporting process and told us they were encouraged to report incidents. They told us they felt confident in reporting and raising concerns and confident they would be dealt with appropriately and professionally. Staff were also able to describe how changes had been made to the practice as a result of reviewing significant events. For example, as a result of a patient missing a regular appointment for treatment changes had been made to the treatment recall system to minimise the risk of delays in treatment for patients.

Reliable safety systems and processes including safeguarding

Staff had access to safeguarding policies and procedures for both children and vulnerable adults. These provided staff with information about identifying, reporting and

dealing with suspected abuse. The policies were available to staff on their computers and in hard copy. Staff had access to contact details for both child protection and adult safeguarding teams. However administration and reception staff we spoke with were unable to tell us who the GP lead for safeguarding was and told us they would seek guidance from the practice manager.

The training record for the practice was not fully up to date and indicated that a number of clinicians had not received safeguarding training. Clinicians told us they had carried out this training and provided training certificate however they were not dated. The training record also indicated that 14 administration and reception staff had not received a safeguarding training update. Clerical and administration staff spoken to had an understanding of safeguarding and their roles and responsibilities. Clinical staff we spoke with demonstrated good knowledge and understanding of safeguarding and its application.

The practice had dedicated GP leads in safeguarding for both adults and children. They had attended appropriate training to support them in this role, as recommended by their professional registration safeguarding guidance. When the safeguarding lead was unable to attend safeguarding meetings, they completed a report detailing the involvement of the practice in the patient's healthcare and any concerns identified.

The child safeguarding lead met with the health visitor regularly to discuss any children who were at risk of abuse and to review if an appropriate level of GP service had been provided. Codes and alerts were applied to the electronic case management system to ensure identified risks to children; young people and vulnerable adults were clearly flagged and reviewed.

The practice nurses acted as chaperones (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure) if required and a notice was in the waiting room to advise patients the service was available should they need it. All staff who acted as chaperones had received Disclosure and Barring Service (DBS) checks (these checks provide employers with an individual's full criminal record and other information to assess the individual's suitability for the post).

Medicines management

Are services safe?

The practice had a medicines management team led by a partner of the practice who was a pharmacist. The medicines management team provided services to the GPs such as carrying out patient medication reviews to ensure medicines optimisation (this approach seeks to maximise the beneficial clinical outcomes for patients from medicines) and hypertension monitoring to maintain or improve patients wellbeing. The practice undertook regular medicines audits to ensure the practice was prescribing in line with best practice guidelines. For example, the lead pharmacist and a GP had carried out audits in November 2013 and June 2015 of the effectiveness of the benzodiazepine (This drug is used to treat anxiety, insomnia, and a range of other conditions) clinic set up in May 2013. These audits reviewed the practices medication prescribing against the current National Institute for Health and Care Excellence (NICE) guidelines and resulted in confirmation that the practice was prescribing appropriately, the service was effective and the treatment was meaningful to patients.

The lead pharmacist had engaged with the CCG to share the benefits of having an in house medicines management team. This had resulted in members of the CCG requesting that the team offer training and support to other practices within the CCG.

The practice had two fridges for the storage of vaccines. One of the practice nurses took responsibility for the stock controls and fridge temperatures. We looked at a sample of vaccinations and found them to be in date. There was a cold chain policy (refers to the process used to maintain optimal conditions during the transport, storage, and handling of vaccines, starting at the manufacturer and ending with the administration of the vaccine to the patient) in place and fridge temperatures were checked daily. Regular stock checks were carried out to ensure that medications were in date and there were enough available for use.

Prescription pads were held securely and records were maintained to enable the system to be audited.

Emergency medicines such as adrenalin for anaphylaxis were available. A practice nurse had overall responsibility for ensuring emergency medicines were in date and carried out monthly checks. All the emergency medicines were in date.

Cleanliness and infection control

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

The practice manager was the designated lead for infection control and there was an infection control policy in place. The practice manager had not undertaken infection control training or update training in the last twelve months. During the inspection she carried out an on line infection control training course. There were no systems in place to monitor infection control or the cleanliness of the building. There were no detailed cleaning schedules in place to identify who was responsible for cleaning specific areas or equipment such as cupboards and draws in clinical areas and blood pressure monitoring cuffs. There was no system in place to audit the effectiveness of the external cleaners contracted to clean all areas of the practice. There were no systems to monitor the infection control practices of the staff team. The last infection control audit carried out was in 2013.

The practice had a record of clinical staff disease screening and their immunisation status to reduce the risk of cross infection for patients.

The practice carried out legionella testing to ensure the safety of the water supply.

Equipment

All electrical equipment was checked to ensure the equipment was safe to use. Clinical equipment in use was checked to ensure it was working properly. For example, blood pressure monitoring equipment was annually calibrated. Staff we spoke with told us there was enough equipment for them to carry out their role and that equipment was in good working order.

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

Staffing and recruitment

Staffing levels were reviewed to ensure patients were kept safe and their needs were met. Duty rotas took into account planned absence such as holidays. In the event of

Are services safe?

unplanned absences, staff from within the service covered non-clinical roles. The practice occasionally used independent GP locums and appropriate recruitment checks, induction and supervision were carried out for all GP locums.

GPs and the practice manager told us that patient demand was monitored through the appointment system and staff and patient feedback to ensure that sufficient staffing levels were in place.

There were currently three secretaries employed with one vacancy. This had led to a two week delay in standard (non-urgent) referrals being sent.

The practice had a recruitment procedure that outlined the checks that were needed prior to the employment of staff. These included obtaining references, checking qualifications and professional registrations and carrying out DBS checks.. We looked at the recruitment records of six staff (three clinical and three non-clinical) who were amongst the most recent staff to be employed at the service. We found for five staff records held appropriate information and that all required checks had been carried out. However, for one newly appointed member of staff we found an offer of employment had been made prior to appropriate checks being made such as references being formally sought and a DBS check being applied for. During the inspection the senior partner confirmed that verbal references had been taken but not recorded and that further checks would be made prior to the member of staff commencing employment.

The professional registration of clinical staff was checked prior to appointment, However, there was no system in place to monitor clinical staffs on-going professional registration with the General Medical Council (GMC) and the Nursing Midwifery Council (NMC).

Staff received annual e-learning that included safeguarding, fire procedures basic life support and information governance awareness. However the training matrix provided by the service showed that significant

numbers of staff had not received safeguarding training and infection control training. The training matrix for all staff did not provide information with regard to when the training had taken place and when it needed to be reviewed.

Monitoring safety and responding to risk

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

There was a health and safety policy available for all staff. The practice manager was the designated lead for health and safety however, there was no evidence that health and safety training had been provided to support her in her role. There was a fire risk assessment in place and evidence that regular checks were made of the fire safety equipment such as the fire alarm and fire extinguishers. There was no system in place to monitor the building for wear and tear such as frayed carpets that may cause a tripping hazard or damaged paintwork that may increase the risk of cross infection.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All but two members of staff had staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen. There was also a first aid kit and accident book available.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Once patients were registered with the practice, the practice nurses carried out a full health check which included information about the patient's individual lifestyle as well as their medical conditions. The nursing staff referred the patient to the GP when necessary.

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

The practice took part in the avoiding unplanned admissions scheme to identify vulnerable patients (identified through clinical risk profiling) and to provide an enhanced service such as providing those patients who had urgent queries with same-day telephone consultations or with follow-up arrangements where required. The clinicians discussed patient's needs at meetings and ensured care plans were in place and regularly reviewed.

The GPs specialised in clinical areas such as diabetes, child health and mental health/substance misuse. They were also aware of the specialised needs of the patient population such as patients living in vulnerable circumstances, patients with cancer and those receiving palliative care. The practice nurses managed specialist clinical areas such as diabetes, chronic obstructive pulmonary disease (COPD), childhood immunisations and cervical screening. The nurse practitioner carried out consultations with patients and was supported by the GPs. This meant that the clinicians were able to focus on specific conditions and provide patients with regular support based on up to date information.

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

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system for the performance management of GPs and is intended to improve the quality of general practice and reward good practice. The latest QOF points as a percentage of the total available showed the practice to have scored 92% which was lower than the national average of 93.5%.

There were systems in place to evaluate the operation of the service and the care and treatment given. The practice had a system in place for completing clinical audit cycles. We saw that audits of clinical practice were regularly undertaken and that these were based on best practice national guidelines. Examples of clinical audits seen included an audit of older male patients prescribed Bisphosphonates drugs (this type of drug is used to slow down or prevent bone damage) and an audit of patients prescribed Benzodiazepine (this type of drug is used in the treatment of anxiety disorders). The practice had undertaken two cycle audits in line with best practice to ensure patients received care and treatment in line with current NICE guidelines. Both audits had resulted in changes to how the practice operated to meet patients' health care needs. For example, the practice set up a Benzodiazepine clinic to support patients to reduce their dependency on this medication and had resulted in better outcomes for patients. The second cycle of this audit showed clinicians provided patients with a more structured and effective plan of care to support further reduction in the use of benzodiazepine drugs.

The GPs told us clinical audits were often linked to medicines management information, safety alerts, and clinical interest or as a result of QOF performance. All the clinicians participated in clinical audits. We discussed audits with GPs and found evidence of a culture of communication, sharing of continuous learning and improvement.

The practice had systems in place which supported GPs and other clinical staff to improve clinical outcomes for patients. The practice kept up to date disease registers for patients with long term conditions such as diabetes, asthma and chronic heart disease which were used to arrange annual health reviews. They also provided annual reviews to check the health of patients on long term medication, for example for mental health conditions.

Are services effective?

(for example, treatment is effective)

The practice website provided patients with detailed information about health condition and the most effective way to deal with them. The website also sign posted patients to other services and support services.

Effective staffing

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

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

All GPs were up to date with their yearly continuing professional development requirements and had either been or were in the process of being revalidated.

Working with colleagues and other services

The practice worked with other agencies and professionals to support continuity of care for patients. There were processes in place to ensure that information received from other agencies, such as A&E or hospital outpatient departments were read and dealt with in a timely manner. There were systems in place to manage blood result information and to respond to any concerns identified. There was also a system in place to identify patients at risk of unplanned hospital admissions and to follow up the healthcare needs of these patients.

Multi-disciplinary team and palliative care meetings were held on a regular basis. Clinical staff met with health visitors, social workers, district nurses, community matrons and Macmillan nurses to discuss any concerns about patient welfare and identify where further support may be required. The practice had developed a close working relationship with the local Macmillan Cancer Information & Support Centre to ensure they were aware of all services that were available to patients.

GPs were invited to attend reviews of patients with mental health needs and child and vulnerable adult safeguarding conferences, when they were unable to attend these meetings they provided a report detailing their involvement with the patient. The safeguarding lead met with the health visitor to discuss any needs or concerns about children and young people registered with the practice.

Information sharing

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

The practice used summary care records to ensure that important information about patients could be shared between GPs at the practice. The practice planned and liaised with the out of hours provider regarding any special needs for a patient; for example faxes were sent regarding end of life care arrangements for patients who may require assistance during weekends and over bank holidays.

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

Consent to care and treatment

We spoke with clinical staff about their understanding of the Mental Capacity Act 2005. They provided us with examples of their understanding around consent and mental capacity issues. They were aware of the circumstances in which best interest decisions may need to be made in line with the Mental Capacity Act when someone may lack capacity to make their own decisions. Clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment). A procedure was in place for gaining verbal and written consent from patients, for example, when providing joint injections and minor surgical procedures.

Health promotion and prevention

The practice supported patients to manage their health and well-being. The practice offered national screening programmes, vaccination programmes, long term condition reviews and provided health promotion information to patients. They provided information to patients via their website and in leaflets in the waiting area about the services available. For example seasonal advice about holiday vaccination and sexual health safety.

The practice offered dietary advice and support through joint working with a dietician who worked at the practice one day per week.

(for example,

Are services effective?

(for example, treatment is effective)

The practice monitored how it performed in relation to health promotion. It used the information from QOF and other sources to identify where improvements were needed and to take action. QOF information showed the practice was meeting its targets regarding health promotion and ill health prevention initiatives. For example, in providing flu vaccinations to high risk patients

and providing other preventative health checks/screening of patients with physical and/or mental health conditions. In the year 2013/14 the practice performed lower than the national average ensuring women aged 25 – 65 had cervical screening within the last 5 years. We were told the practice was engaging with patients both opportunistically and formally to increase the uptake of this screening.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Results from the national GP patient survey January 2015 (from 110 responses) showed that 86.9% of patients said the last GP they saw or spoke to was good at treating them with care and concern and 92% said the last GP they saw or spoke to was good at listening to them. Both results were slightly higher than the national average when compared to other practices.

We spoke with two members of the Patient Participation Group (PPG) who had worked with the practice for a number of years. They told us that they felt listened to and valued and looked forward to more face to face meetings with the practice manager. They told us they had been involved in the formulation of the last patient survey and had been part of the decision to review the phone system.

Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. The waiting room and reception area was large and afforded privacy to patients when at the reception desk.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed that 89.9% of respondents said the last GP they saw or spoke to was good at explaining tests and treatments. This was higher than average when compared with other practices. The survey showed that 83.5% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care. Both results were slightly higher than the national average when compared to other practices. Eighty nine percent of patients said the last nurse they saw or spoke to was good at giving them enough time. This was slightly lower than the national average when compared to other practices.

Patients told us they felt listened to and involved in their care and treatment.

Patient/carers support to cope emotionally with care and treatment

The practice waiting room displayed information about the support available to patients to help them to cope emotionally with care and treatment. This included information for carers, details about the Citizen's Advice Bureau (CAB) including the time of a CAB clinic that ran at the practice each week, advocacy services and mental health support services. The practice staff told us that bereaved relatives known to the practice were offered support following bereavement. GPs and the practice nurse were able to refer patients for emotional support, for example, following bereavement.

A counselling service operated from the practice on a weekly basis and patients were referred by both GPs and nursing staff.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Clinical staff told us how they engaged with Southport and Formby Clinical Commissioning Group, health and social care services to address local needs and service improvements that needed to be prioritised. For example, in response to patients complaints about the cost of telephoning the practice a new telephone system had been installed.

Staff spoken with told us how they responded to the differing needs of patients. We spoke with two members of the PPG who worked with the practice. They told us they worked in partnership with the practice and felt listened to and valued.

The practice provided patients through the website information and updates regarding issues that affected the practice and patients.

The practice held information about the prevalence of specific diseases. This information was reflected in the services provided, for example screening programmes, vaccination programmes and reviews for patients with long term conditions. The practice was proactive in contacting patients who failed to attend vaccination and screening programmes.

Referrals for investigations or treatment were mostly done through the "Choose and Book" system which gave patients the opportunity to decide where they would like to go for further treatment. Administrative staff monitored referrals to ensure referral letters were completed.

Multi-disciplinary team and palliative care meetings where held monthly where patient care was reviewed to ensure patients were receiving the support they required. These meetings included the district nursing team, social workers, community matrons and health visiting team.

Tackling inequity and promoting equality

The surgery had access to translation services. The building had appropriate access and facilities for disabled people. The waiting area was bright and had level access and there was a hearing loop to support patients with hearing difficulties.

The practice had an equal opportunities policy which was available to all staff on the practice's computer system. The training matrix showed the majority of the reception and administration staff had received equality and diversity training

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. The practice operated a mixture of routine, same day and emergency appointments. Appointments could be booked up to five weeks ahead and the appointment system allowed GPs flexibility so they could spend longer with patients if they required more time at an appointment.

In addition, the practice participated in the extended hours scheme and was open every Saturday morning until 12pm to allow patients who could not attend during normal working hours.

Results from the GP national Patient survey showed 81% of patients found it easy to get through to the practice by phone which was significantly higher than the nation average when compared to other practices.

The practice had set up an access forum made up of a cross section of the staff who worked at the practice. The purpose of the forum was to monitor patient access to services and to identify blocks and to seek solutions to raise with the GP partners to improve or maintain access to services.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The complaint policy and procedure detailed how to make a complaint, who to contact and the timescales for the practice to respond. The policy included contact details for NHS England, the Health Service Ombudsman and details of advocacy services to support patients making a complaint. Reference was made to the complaint process in the patient information booklet given to all new patients and on the practice's website.

We looked at the record of complaints and found documentation to record the details of the concerns raised and the action taken. Staff we spoke with were knowledgeable about the policy and the procedures for patients to make a complaint. A complaints log was

Are services responsive to people's needs?

(for example, to feedback?)

maintained to enable patterns and trends to be identified.
We looked at how four complaints were managed and found they had been appropriately managed and lessons had been learned from them.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had clear aims and objectives which included providing a high-quality, patient-led, primary health care service. This involved patients in all aspects of their health care, providing a timely response to both acute and long-term conditions, ensuring patients saw the most appropriate clinical member of staff and communicating effectively with other health care providers from both primary, secondary and community care settings. However this information was not readily available to patients and was not displayed at the practice and or on the practice website for patients to see.

Governance arrangements

Meetings took place to share information, consider what was working well and where any improvements needed to be made. The practice closed one afternoon per month which allowed for learning events and practice meetings. Clinical staff met to discuss new protocols, to review complex patient needs, keep up to date with best practice guidelines and review significant events. The reception and administrative staff met to discuss their roles and responsibilities and share information. Partners and managers' meetings took place to look at the overall operation of the service however there was no system in place to ensure relevant information was made available for the whole staff team to access. The senior partner agreed to make relevant minutes available to the staff team.

There were currently three secretaries employed with one vacancy. This had led to a two week delay in standard (non-urgent) referrals being sent. There was no plan in place to enable this backlog to be addressed

The practice had a number of policies and procedures in place to govern activity and these were available to staff electronically or in a paper format. We looked at a sample of policies and procedures such as the whistle blowing policy and recruitment policies and found that the policies and procedures required were available and up to date.

The practice used the QOF and other performance indicators to measure their performance. The GPs spoken with told us that QOF data was regularly discussed and action plans were produced to maintain or improve outcomes.

The practice had completed clinical audits to evaluate the operation of the service and the care and treatment given. Discussion with GPs showed improvements had been made to the operation of the service and to patient safety and care as a result of the audits undertaken.

Leadership, openness and transparency

There was a leadership structure in place and clear lines of accountability. Staff had specific roles within the practice, and clinical and managerial staff took the lead for different areas, for example, infection control, information governance and clinical audits. We spoke with 12 members of staff and they were all clear about their own roles and responsibilities. They all told us that they felt valued and well supported.

Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at staff meetings or as they occurred with the practice manager or one of the GPs. Staff told us they felt the practice was well managed. Staff told us they could raise concerns and felt they were listened to.

The practice had implemented a staff wellbeing forum that supported staff to raise issues with three named GPs. This was to ensure staff received appropriate support and care.

We reviewed a number of human resource policies and procedures for example, disciplinary, grievance and capability and the equality and diversity policies and procedures. A whistle blowing policy and procedure was available and staff spoken with were aware of the process to follow.

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

Results of surveys and complaints were discussed at staff meetings. The reception staff encouraged all patients attending to complete the new Friends and Family Test (The Friends and Family Test is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care) as a method of gaining patients feedback.

Are services well-led?

Good 

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

The practice had an established PPG. We met with members of the PPG who told us they felt they worked in partnership with the practice and effected positive change for the patient population.

Management lead through learning and improvement

Clinical and non-clinical staff told us they worked well as a team and had good access to support from each other. Regular developmental and governance meetings took place to share information, look at what was working well and where any improvements needed to be made. Staff told us the practice was supportive of their learning and development needs and that they felt well supported in their roles. Most staff were offered annual appraisals to review performance and identify development needs for the coming year. However the practice manager and business manager were not included in the appraisal system and did not have personal development plans.

Procedures were in place to record incidents, accidents and significant events. Incidents were discussed at clinical and practice meetings and if necessary changes were made to the practice's procedures and staff training. There were limited systems in place with regard to building maintenance and infection control to monitor and identify risks to patient and staff safety.

The practice was a designated training practice for the training and education of student doctors they had robust systems in place to support student doctors. The lead GP told us being part of the education and training of future doctors enabled them as individual clinicians and as a practice to continue to develop and improve the service they provided to patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Patients were not protected against the risks associated with unsuitable staff because the provider did not ensure that information specified in Schedule 3 was available for all staff employed.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment Patients were not protected against the risk associated with infection control and building maintenance because the provider did not have systems in place to monitor infection control procedures and the overall maintenance of the building.