

Neston Surgery

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?

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 Neston Surgery on 5 July 2016.

Overall the practice is rated as good.

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

- There were systems in place to reduce risks to patient safety, for example, infection control procedures, medication management and the management of staffing levels.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff were aware of procedures for safeguarding patients from the risk of abuse.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. However, the system for reviewing all long term conditions should be improved to ensure it is effective.
- Staff felt well supported. They received training appropriate for their roles and an appraisal every 12 months.
- Patients were positive about the care and treatment they received from the practice. The National Patient Survey January 2016 showed that patients' responses about whether they were treated with respect, compassion and involved in decisions about their care and treatment were comparable to or above local and national averages.
- Services were planned and delivered to take into account the needs of different patient groups.
- The National GP Patient Survey results showed that patient's satisfaction with access to care and treatment was in line with local and national averages.
- Information about how to complain was available. There was a system in place to manage complaints.
- There were systems in place to monitor and improve quality and identify risk.

Summary of findings

The areas where the provider should make improvements are:

- A documented risk assessment should be put in place to minimise the risks from staff who have not had a DBS check and who act as chaperones.
- Establish a system to check the continuing suitability of GPs by checking the GMC and Performers List.
- Document reviews of significant events to demonstrate that actions identified have been implemented.
- Nationally published data showed patient outcomes were lower for some long term conditions when compared to local and national averages. The systems for monitoring that patients were receiving the health care checks they needed at the recommended frequencies should be improved.

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. There were systems to protect patients from the risks associated with staffing levels, infection control and medicines management. Safety events were reported, investigated and action taken to reduce a re-occurrence. Staff were aware of procedures for safeguarding patients from risk of abuse. The premises were safe and equipment was appropriately maintained. We found that improvements should be made to records relating to significant events and assessments around the suitability and continuing suitability of staff for their roles.

Good



Are services effective?

The practice is rated as good for providing effective services. Clinical staff referred to guidance from the National Institute for Health and Care Excellence (NICE). Clinical staff kept up to date in their specialist areas to ensure they were able to meet the needs of patients. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Audits of clinical practice were undertaken. A system for ensuring the regular appraisal of staff was in place. Staff told us they felt well supported and they had received training appropriate to their roles. Nationally published data showed patient outcomes were lower for some long term conditions when compared to local and national averages. The systems for monitoring that patients were receiving the health care checks they needed at the recommended frequencies should be improved.

Good



Are services caring?

The practice is rated as good for providing caring services. We saw staff treated patients with kindness and respect. Patients spoken with and who returned comment cards 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.

Good



Are services responsive to people's needs?

The practice is rated good for providing responsive services. Services were planned and delivered to take into account the needs of different patient groups. Access to the service was monitored to ensure it met the needs of patients. The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint.

Good



Summary of findings

Are services well-led?

The practice is rated good for providing well-led services. The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. There were systems in place to monitor the operation of the service. Staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. The practice sought feedback from staff and patients, which it acted on. The practice had a focus on continuous learning and improvement.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. The practice worked with other agencies and health providers to provide support and access specialist help when needed. Multi-disciplinary meetings were held to discuss and plan for the care of frail and elderly patients. The practice was working with neighbourhood practices and the Clinical Commissioning Group (CCG) to provide services to meet the needs of older people. The practice had provided an Early Visiting Service over the last two winter periods. This had the aim of improving patient access to GP services, enabling quicker access to the resources needed to support patients at home where possible and reducing emergency admissions to hospital and use of emergency services. The practice was also working with two other practices to set up more community led services, for example the practices were setting up a service for a practice nurse to visit elderly housebound patients to carry out medication reviews and health checks. Weekly visits were made to local nursing homes to review the needs of patients and respond to any health issues identified. There was a designated GP who visited the nursing homes to provide continuity of care. A review of poly pharmacy had been undertaken by a pharmacist employed by the practice. This enabled thorough medication reviews to be undertaken and patient welfare to be promoted given the close link between poly pharmacy and unplanned hospital admissions. Annual health checks were offered to patients over 75.

Good



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. This information was reflected in some of the services provided such as screening programmes and vaccination programmes. However, the practice did not have a robust system in place to make sure all patients were recalled for an annual review of their long term conditions. A system was in place for patients with some long term conditions such as diabetes but not for all long term conditions identified by the practice. The Quality and Outcomes (QOF is a system intended to improve the quality of general practice and reward good practice) results (data from 2014-2015) showed that the practice was performing in line with other practices nationally for the monitoring

Requires improvement



Summary of findings

of some conditions such as hypertension, cervical screening and most diabetes checks. QOF results showed the practice was below national averages in providing annual reviews of asthma, chronic obstructive pulmonary disease and diabetes foot checks.

The practice was working with the CCG to establish the Year of Care model for patients. This patient centred model would provide an annual health check to patients with multiple long term conditions reducing the need for multiple appointments. The clinical staff took the lead for different long term conditions and kept up to date in their specialist areas. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives.

Families, children and young people

The practice is rated as good for the care of families, children and young people. Child health surveillance and immunisation clinics were provided. Appointments for young children were prioritised. The staff we spoke with had appropriate knowledge about child protection and how to report any concerns. The safeguarding lead staff liaised with the health visiting service, school nurses and midwife to discuss any concerns about children and how they could be best supported. Family planning and sexual health services were provided. The practice identified children/young people who were carers to ensure they were receiving the support they needed. The practice identified school leavers and offered them vaccination against meningitis. The Patient Participation Group were in the process of establishing a Facebook page to engage younger patients and help keep them updated with the services offered at the practice.

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). The practice offered pre-bookable appointments, book on the day appointments and telephone consultations. Patients could order repeat prescriptions on-line which provided flexibility to working patients and those in full time education. A texting service was in operation to remind patients about their appointments and reduce the occurrence of missed appointments. The practice was open from 8am to 6.30pm Monday to Friday allowing early morning and evening appointments to be offered to working patients. Minor surgery appointments were

Good



Summary of findings

offered on Saturday mornings and winter flu clinics at weekends. An extended hour's service for routine appointments and an out of hour's service were commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust. The extended hours service operated from Neston Surgery on Monday and Thursday evenings from 6.30pm to 8.45pm.

The practice website provided information around self-care and local services available for patients. Reception staff sign-posted patients who do not necessarily need to see a GP. For example to services such as Pharmacy First (local pharmacies providing advice and possibly reducing the need to see a GP) and the Physio First service (this provided physiotherapy appointments for patients without the need to see a GP for a referral).

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. Patients' electronic records contained alerts for staff regarding patients requiring additional assistance. For example, if a patient had a learning disability to enable appropriate support to be provided. There was a recall system to ensure patients with a learning disability received an annual health check. The staff we spoke with had appropriate knowledge about adult safeguarding and how to report any concerns. The practice worked closely with the community care team which provided social work, nursing, physiotherapy and occupational therapy support and brought the needs of vulnerable patients to the attention of the practice. Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate services. A member of staff was the carer's link. The practice referred patients to local health and social care services for support, such as drug and alcohol services and to the wellbeing coordinator.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice carried out assessments of patients at risk of dementia to encourage early diagnosis and access to support. The practice referred patients to appropriate services such as psychiatry and counselling services. The practice had information in the waiting areas about services available for patients with poor mental health. For example, services for patients who may experience depression. Clinical and non-clinical staff had undertaken training in dementia to ensure all were able to appropriately support patients.

Good



Summary of findings

What people who use the service say

Data from the National GP Patient Survey January 2016 (data collected from January-March 2015 and July-September 2015) showed that the practice was performing in line with or slightly above local and national averages. The practice distributed 246 forms, 105 (43%) were returned which represents 1% of the total practice population. The results showed:-

- 78% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and the national average of 76%.
- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 78%.
- 70% of patients found it easy to get through to this practice by phone compared to the CCG average of 71% and national average of 73%.
- 77% described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and national average of 85%.
- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all positive about the standard of care received. Patients told us they felt listened to and that staff were kind and caring.

We spoke with four patients during the inspection. All were happy with the care they received. They said that a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns. Feedback from patients indicated they were generally satisfied with access to the service. They said that they were able to get an appointment when one was needed and that they were happy with opening hours. The feedback from five patients indicated they had experienced difficulty getting through to the practice by telephone.

The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results from February to April 2016 showed that 201 responses had been received and 196 were either extremely likely or likely to recommend the practice to family or friends.

Areas for improvement

Action the service SHOULD take to improve

- A documented risk assessment should be put in place to minimise the risks from staff who have not had a DBS check and who act as chaperones.
- Establish a system to check the continuing suitability of GPs by checking the GMC and Performers List.
- Document reviews of significant events to demonstrate that actions identified have been implemented.
- Nationally published data showed patient outcomes were lower for some long term conditions when compared to local and national averages. The systems for monitoring that patients were receiving the health care checks they needed at the recommended frequencies should be improved.

Neston Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor and a practice manager specialist advisor.

Background to Neston Surgery

Neston Surgery is responsible for providing primary care services to approximately 9,000 patients. The practice is situated in Mellock Lane, Little Neston, Neston, Cheshire. The practice is based in an area with lower levels of economic deprivation when compared to other practices nationally. The practice has a higher than average number of patients over the age of 65 and an about average number of patients with a long standing health condition when compared to other practices locally and nationally.

The staff team includes five partner GPs, three salaried GPs, three practice nurses, a health care assistant, practice manager and administration and reception staff. Four GPs are male and four are female. The practice nurses are female. The practice is a training practice for GPs, medical students and nurses and at the time of our visit had two GP registrars working for them as part of their training and development in general practice and one student nurse.

The practice is open 8am to 6.30pm Monday to Friday. An extended hour's service for routine appointments and an out of hour's service are commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust. The extended hours service operates from Neston Surgery on Monday and Thursday evenings

from 6.30pm to 8.45pm. The practice offers minor surgery appointments on a Saturday at least 12 times per year. All patient facilities were on the ground floor. The Surgery had on-site parking.

The practice has a General Medical Services (GMS) contract. The practice offers a range of enhanced services including minor surgery, learning disability health checks, sexual health and near patient testing.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

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?

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

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to

share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We carried out an announced inspection on 5 July 2016. We sought views from patients face-to-face and reviewed CQC comment cards completed by patients. We spoke to clinical and non-clinical staff. We observed how staff handled patient information and spoke to patients. We explored how the GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

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 the time of inspection.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and investigating significant events. Staff spoken with knew how to identify and report a significant event. The practice carried out an analysis of significant events and this also formed part of the GPs' individual revalidation process. The practice held staff meetings at which significant events were discussed in order to cascade any learning points. We looked at a sample of significant events and found that action had been taken to improve safety in the practice where necessary. A review of the action taken following significant events was not being documented to demonstrate that actions identified had been implemented. There was a system in place for the management of patient safety alerts. Patient safety alerts were sent to all relevant staff and a record was maintained of each alert for reference and of any actions taken.

Overview of safety systems and processes

- Staff spoken with knew how to report any safeguarding concerns about children and vulnerable adults and they knew who had the lead responsibility for this at the practice.

The practice had adult and child safeguarding policies and procedures for staff to refer to. Alerts were placed on computer records to indicate any concerns about patients' welfare. The practice had systems in place to monitor and respond to requests for attendance/reports at safeguarding meetings. The safeguarding lead GP liaised with the school health team, midwives and health visiting service to discuss any concerns about children and their families and how they could be best supported. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice was displayed in the waiting room and treatment rooms advising patients that a chaperone was available if required. The nursing staff and some reception staff acted as chaperones and they had received training for this role. A Disclosure and Barring Service (DBS) check had been undertaken for the nursing staff but not for all the reception staff who acted as chaperones. These checks identify whether a person has a criminal record or is on an official list of people

barred from working in roles where they may have contact with children or adults who may be vulnerable. We were informed that staff without a DBS check had been instructed through chaperone training that they were not to be left alone with a patient and staff spoken with confirmed this. A documented risk assessment was not in place to minimise the risks from staff that had not had a DBS check.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead and they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place for staff to refer to. Records showed that staff had received training in infection control. Infection control audits were undertaken and an action plan put in place to address any improvements identified.
- The arrangements for managing medication in the practice kept patients safe. Vaccines were securely stored, were in date and we saw the fridges were checked daily to ensure the temperature was within the required range for the safe storage of vaccines. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- We reviewed five staff personnel files. We found that there was insufficient information in the records of two staff employed over three years ago as there were no references, evidence of registration with the Nursing and Midwifery Council or interview records. Since then the recruitment procedure had been revised and clearly identified the need to undertake these necessary pre-employment checks. The personnel records of three staff, two of which had been employed in the last 12 months and one who was in the process of being recruited showed that the necessary recruitment checks had been carried out. The records contained evidence of checks of identity, physical and mental fitness, curriculum vitae, contracts and job descriptions and DBS checks. A system was in place to carry out periodic checks of the Nursing and Midwifery Council (NMC) to

Are services safe?

ensure the continued suitability of nursing staff. However there was no system for carrying out periodic checks of the Performers List and General Medical Council (GMC).

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster displayed for staff to refer to. Regular checks were made of fire safety equipment. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice carried out risk assessments to monitor the safety of the premises. The practice also had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

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. Staff generally received annual basic life support training. The training records showed two clinical staff needed this training renewed. A date for this had been identified. The practice had a defibrillator and oxygen available on the premises which was checked to ensure it was safe for use. There were emergency medicines available which were all in date, regularly checked and held securely. A small number of staff had undertaken first aid training, however a system was not in place to ensure that a first aid member of staff was on the premises at all times during working hours.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. All relevant staff had access to this plan via computer however a printed copy was only accessible to one person. The practice manager was advised to risk assess this to ensure accessibility.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. Current results (data from 2014-2015) were 94% of the total number of points available which was similar to local (96%) and national (95%) averages. QOF results showed that the practice was performing in line with other practices nationally for the monitoring of some conditions such as hypertension, cervical screening and most diabetes checks, for example:-

- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 82% compared to the CCG average of 82% and the national average of 82%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 82% compared to the CCG average of 81% national average of 78%.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March was 92% compared to the CCG average of 95% and the national average of 94%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 50/90mmHg or less was 85% compared to the CCG average of 84% and the national average of 84%.

The QOF results showed that the practice was below national averages in the following areas:-

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 57% compared to the CCG average of 73% and the national average of 75%.
- The percentage of patients with atrial fibrillation with CHADS2 score of 1, who are currently treated with anticoagulation drug therapy or an antiplatelet therapy was 85% compared to the CCG average of 98% and the national average of 98%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 75% compared to the CCG average of 89% and the national average of 90%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 74% compared to the CCG average of 89% and the national average of 88%.

The practice was aware of the shortfalls in these areas. They had arranged for a cardiologist to review patients with atrial fibrillation. They were planning to introduce the Year of Care system which would enable one annual recall to review all long term conditions together rather than having several appointments.

We reviewed the systems in place to re-call patients for reviews of their long term conditions. We found that although there was an efficient system for some conditions, such as diabetes the system in place to re-call patients was not sufficiently robust for all long term conditions. Letters were not sent to patients for all long term conditions inviting them in for a review. The medication review due date was used to indicate to clinicians when a review was due. This did not provide an effective way of ensuring patients who did not order repeat medications were called for a long term condition reviews. We were told that clinicians reviewed long term conditions opportunistically when a patient presented with an unrelated condition. There were quarterly searches of patients with COPD and atrial fibrillation to check if reviews had been undertaken. A

Are services effective?

(for example, treatment is effective)

more robust system needs to be put in place to ensure that patients with long term conditions were continuously followed up throughout the year to ensure they attended health reviews.

The practice carried out audits that demonstrated quality improvement. For example, we saw medication audits, an audit of diabetes and fertility, an audit of medical records and an audit of joint and soft tissue injections. Findings were used by the practice to improve services. For example, changes had been made to patient's medication as a result. The GPs we spoke with told us that the findings from audits were shared across the clinical staff team.

The GPs and nurses had key roles in monitoring and improving outcomes for patients. These roles included the management of long term conditions, palliative care, safeguarding and promoting the health care needs of patients with a learning disability and those with poor mental health. The clinical staff we spoke with told us they kept their training up to date in their specialist areas. This meant that they were able to focus on specific conditions and provide patients with regular support based on up to date information.

Staff worked with other health and social care services to meet patients' needs. The practice had multi-disciplinary meetings to discuss the needs of patients with complex and palliative care needs. 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.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff that covered such topics as their role and the role of the staff team, fire safety, health and safety and confidentiality. A buddy system was in place to support staff beginning their employment at the practice.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us they felt well supported and had access to appropriate training to meet their learning needs and to cover the scope of

their work. This included appraisals, mentoring and facilitation and support for the revalidation of doctors. A system was in place to ensure all staff had an annual appraisal.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Role specific training was provided to clinical and non-clinical staff dependent on their roles. There was a programme of on-going training and protected learning time to ensure staff kept up to date with their training needs.

Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services and the out of hours services.

Consent to care and treatment

We spoke with clinical staff about patients' consent to care and treatment and found this was sought in line with legislation and guidance. Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to medical records. Clinical staff had received training on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Supporting patients to live healthier lives

The practice offered national screening programmes, vaccination programmes, children's immunisations and long term condition reviews. Health promotion information was available in the reception area and on the website. The

Are services effective?

(for example, treatment is effective)

practice had links with health promotion services and recommended these to patients, for example, smoking cessation, alcohol services, weight loss programmes and exercise services.

New patients completed a health questionnaire and were asked to attend a health assessment with a member of the nursing team within one month of registering with the practice.

The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed. QOF information for the period of April 2014 to March 2015 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were

comparable to other practices nationally for some conditions such as diabetes but lower than average in other areas such as providing annual reviews for asthma and COPD and diabetes foot checks. The systems for monitoring that patients were receiving the health care checks they needed at the recommended frequencies needed to be improved.

We looked at the childhood immunisation rates which were held at the practice. This indicated that a high percentage of the eligible patient population had received their immunisations. There was a system to ensure that any missed immunisations were followed up with parents or the health visitor.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations to promote privacy. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 32 patient Care Quality Commission comment cards we received were positive about the care and treatment experienced. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients. 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.

Data from the National GP Patient Survey January 2016 (data collected from January-March 2015 and July-September 2015) showed that patients responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were about or above average when compared to local and national averages for example:

- 98% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 97% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 100% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.

- 85% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 91% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 97% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

The practice manager and partners reviewed the outcome of any surveys undertaken to ensure that standards were being maintained and action could be taken to address any shortfalls.

Care planning and involvement in decisions about care and treatment

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

Data from the National GP Patient Survey January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were comparable to local and national averages, for example:

- 97% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 90% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 90% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 87% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care. For example, there were translation and interpreting services available.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement.

Written information was available to direct carers to the various avenues of support available to them. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 151 patients as carers (approximately 2% of the practice list). Records showed that as a result the Carers Trust had provided these carers with information about support groups and referred them on to support services. Practice staff attended educational sessions provided by the Carers Trust and Carer Courses were provided at the surgery. As a result of the work undertaken by the practice to identify carers additional funding had been agreed until March 2017 for the carers support group run by the Carers Trust.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice offered a range of enhanced services such as minor surgery, learning disability health checks, sexual health and near patient testing. The practice was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. The practice had provided an Early Visiting Service over the last two winter periods. This had the aim of improving patient access to GP services, enabling quicker access to the resources needed to support patients at home where possible and reducing emergency admissions to hospital and use of emergency services. The practice was also working with two other practices to set up more community led services, for example the practices were setting up a service for a practice nurse to visit elderly housebound patients to carry out medication reviews and health checks.

The practice had multi-disciplinary meetings to discuss the needs of young children, palliative care patients and patients with complex needs.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- Urgent access appointments were available for children and for any patients with medical needs that required a same day consultation.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- Weekly visits were made to local nursing homes to review the needs of patients and respond to any health issues identified.
- There were longer appointments available for patients who needed them, for example, for patients with a learning disability.
- Deep vein thrombosis screening was provided for the practice and the two neighbouring practices.
- Patients were able to receive travel vaccinations. The practice worked closely with local veterinary students who required immunisations. The practice identified school leavers and offered them vaccination against meningitis.

- Minor surgery appointments were available on Saturday mornings at least 12 times per year.
- Clinicians from the practice had set up a stall on three occasions at Neston market to raise the profile of the services provided by the practice, provide information on health conditions and to provide opportunistic screening for certain health conditions, such as high blood pressure.
- The three neighbourhood practices hosted consultant led clinics for ease of access for local patients. These included consultant led clinics for patients with atrial fibrillation, diabetes, cardiac and psychiatric conditions.
- The practice worked closely with the domiciliary phlebotomy service provided by a local hospital and hosted the phlebotomy service for its own and patients from the two neighbourhood practices.
- Translation services and an audio hearing loop were available if needed.
- The staff had received training in dementia awareness to assist them in identifying patients who may need extra support.
- The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives.
- Reception staff sign posted patients to local resources such as Pharmacy First (local pharmacies providing advice and possibly reducing the need to see a GP) and the Physio First service that was being piloted in the area (this provided physiotherapy appointments for patients without the need to see a GP for a referral).
- The Patient Participation Group were in the process of establishing a Facebook page to engage younger patients and help keep them updated with the services offered at the practice.
- Changes had been made to the reception area to make it more welcoming and approachable for patients. The reception desk had been more suitable for wheelchair users and the screen barrier removed to encourage patients to speak to receptionists if they preferred not to use the check-in screen.

Access to the service

Appointments could be booked in advance and booked on the day. Appointments could be booked up to two weeks in advance with GPs and one month in advance with nurses.

Are services responsive to people's needs?

(for example, to feedback?)

Telephone consultations were also offered. Patients could book appointments in person or via the telephone. Repeat prescriptions could be ordered on-line or by attending the practice. A texting service was in operation to remind patients about their appointments and reduce the occurrence of missed appointments. The practice was open from 8am to 6.30pm Monday to Friday allowing early morning and evening appointments to be offered to working patients. An extended hour's service for routine appointments and an out of hour's service were commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust. The extended hours service operated from Neston Surgery on Monday and Thursday evenings from 6.30pm to 8.45pm.

Results from the National GP Patient Survey from January 2016 (data collected from January-March 2015 and July-September 2015) showed that patient's satisfaction with access to care and treatment were generally comparable to local and national averages. For example:

- 78% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and the national average of 76%.
- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 78%.
- 70% of patients gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' compared to the CCG average of 71% and national average of 73%.
- 77% described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.

We received 32 comment cards and spoke to four patients. Patients generally said that they were able to get an appointment when one was needed and that they were happy with opening hours. Five patients said there were delays in the telephone being answered and one said that it could be difficult to get an appointment with their preferred GP.

The practice manager and partners reviewed the outcome of any surveys undertaken to ensure that standards were being maintained and action could be taken to address any shortfalls.

For example, they were aware patients were experiencing difficulties getting through on the telephone and they were looking at further ways to address this. In the last 12 months they had upgraded the telephone system and provided additional telephone lines. They were also promoting other services to reduce the number of telephone calls such as on-line appointment booking, text messages for results, reminders and campaigns. The practice had recently introduced GP telephone consultations to improve access to GPs in response to patient feedback.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

There was a written complaints procedure for patients to refer to which was available at the practice. Details of how to complain were in the patient information leaflet and on the practice website. This provided details of the timescale for acknowledging and responding to the complaint and of who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a record of written complaints. We reviewed a sample of complaints received within the last 12 months. Records showed they had been investigated, patients informed of the outcome and action had been taken to improve practice where appropriate. A log of complaints was maintained which allowed for patterns and trends to be easily identified. The records showed openness and transparency with dealing with the complaints.

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 mission statement to deliver the best evidenced based care with compassion and care in partnership with their patients. The practice also had a statement of purpose which outlined its aims and objectives. These included providing effective and safe care and treatment and ensuring clinicians had the skills to provide the services required. We noted that the aims and objectives of the practice or the mission statement were not publicised for patients. Staff spoken with understood and said they worked to the objectives of the practice. The waiting area and practice information leaflet displayed the patient charter which detailed the rights of patients when using the service, for example, to be treated courteously and be provided with appropriate information about their health.

Governance arrangements

There was a clear staffing structure and that staff were aware of their own roles and responsibilities. There were clear systems to enable staff to report any issues and concerns.

The practice had a number of policies and procedures in place to govern activity and these were available to staff electronically. The practice had systems in place for identifying, recording and managing risks. We looked at a sample of significant events and found that action had been taken to improve safety in the practice where necessary.

Staff had access to appropriate support. They had annual appraisals, opportunities to meet as a team and access to the training they needed for their roles.

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

The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. As already indicated, the system in place for monitoring that patients were receiving the health care checks they needed at the recommended frequencies needed to be improved.

Leadership and culture

Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings or as they occurred with the practice manager, registered manager or a GP partner. Staff said they felt respected, valued and supported. 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. The practice had won the Practice Team Award 2014 from the Royal College of General Practitioners for continued support and service to patients and working as a team.

Meetings took place to share information, look at 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 and non-clinical staff had meetings to review their roles and keep up to date with any changes. GPs and nurses met together to discuss clinical issues such as new protocols or to review complex patient needs. Partners and the practice manager met to look at the overall operation of the service and future development.

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

The practice encouraged and valued feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met 6 times a year and carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG had undertaken a recent survey to identify why they were experiencing difficulty recruiting younger members. The PPG did not receive many responses and as a consequence were taking active steps to gather the views of younger patients such as visiting local youth centres and mother and toddler groups. The PPG had also set up a Neston Surgery PPG Facebook page to attract younger members. We spoke to two members of the PPG who said they felt they were listened to and kept informed and consulted about changes and developments at the practice.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice team was part of local pilot schemes to improve outcomes for patients in the area. The practice was working with neighbourhood practices and the CCG to provide services

to meet the needs of older people. For example, the practice had provided an Early Visiting Service over the last two winter periods. This had the aim of improving patient access to GP services, enabling quicker access to the resources needed to support patients at home where possible and reducing emergency admissions to hospital and use of emergency services. The practice was also working with two other practices to set up more community led services, for example the practices were setting up a service for a practice nurse to visit elderly housebound patients to carry out medication reviews and health checks.