

# Eastham Group Practice - KJ Bush

## 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 Eastham Group Practice - KJ Bush on 26 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Safety alerts were received and acted upon.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Staff had been trained to deal with medical emergencies and emergency medicines and equipment were available.
- Improvements were needed to ensure the safe storage of computer prescription pads and temperature sensitive medicines.
- Infection control procedures were in place however improvements were needed to ensure sterile equipment was used safely and the minor ops room was fit for purpose.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients told us routine and urgent appointments were available the same day for all children and those patients who needed them.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- 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.
- Staff were supervised, felt involved and worked as a team.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must improve are:

- The provider must ensure correct procedures are followed if the temperatures fall outside of the required range for temperature sensitive medicines to minimise the risk of adverse effects on the medicines.
- The provider must monitor all sterile equipment to ensure it is fit for purpose and does not exceed its expiry date.

- The provider must ensure that all prescription pads are stored securely.
- The provider must ensure that the minor ops room clean utility and handwashing facilities are suitable and fit for purpose.
- The provider must ensure that the cleaning schedule includes specific details of cleaning for the minor ops room.

The areas where the provider should make improvement are:

- Review the audit programme for infection control procedures to include annual auditing.
- Review the audit programme to include audit of minor surgical procedures for infection rates.

**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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to safeguard patients from abuse.
- Improvements were needed to ensure sterile instruments were not used past their sterile expiry dates, the minor ops room was fit for purpose and temperature sensitive medicines and computer prescription pads were stored safely.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice around average and higher than others for some aspects of care. For example, 95% of respondents to the latest survey (July 2016) said the last GP they saw or spoke to was

Good



# Summary of findings

good at treating them with care and concern (compared to a national average of 85%) and 94% said the last nurse they saw or spoke to was good at treating them with care and concern (compared to a national average of 91%).

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services was available and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example in dementia, autism, elderly care and the care of those at risk of unplanned admissions to hospital.
- Patients told us routine and urgent appointments were available the same day for all children and those patients who needed them.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings which included governance issues as agenda items.
- There were arrangements in place to monitor and improve quality and identify risk.

Good



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was proactive in gaining patient views and working with the practice to improve services and patient outcomes.
- There was a focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice had an elderly population slightly higher than the national and local clinical commissioning group (CCG) average number of elderly patients with 22% over the age of 65 (national average 17%). Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.
- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in avoiding unplanned hospital admissions, dementia, care home support and end of life care.
- The practice was responsive to the needs of older people, and offered home visits, longer appointments and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were around average. For example the percentage of patients with hypertension in whom the last blood pressure reading was 150/90mmHg or less was 82% and around the CCG and national average. Whilst the percentage of patients with atrial fibrillation treated with anticoagulation or anti platelet therapy was 99% and around the CCG and national average.
- All the older patients had a named GP who coordinated their care.

The practice had a GP lead for elderly care who liaised with the local elderly care network in caring for patients.

Good



### People with long term conditions

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

- Nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice had a low acute hospital admissions rate when compared to other practices in the area.
- Performance indicators for patients with long term conditions were around or above the CCG and National average. For example:

Good



# Summary of findings

The percentage of patients on the diabetes register, who had an influenza immunisation in the preceding 1 August to 31 March (2014/2015) was 97%. The CCG average was 95% and the national average was 94%.

The percentage of patients with cardio pulmonary obstructive disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was comparable to other practices at 83%.

- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Medical records for vulnerable patients with long term conditions were highlighted so that all staff knew their needs and arranged appointments and care accordingly.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances or who did not attend appointments, vulnerable children and their families.
- Immunisation rates were relatively good for all standard childhood immunisations with immunisations uptake for all children aged five and under around 96%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Unwell children were always offered same day/urgent appointments.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 95% and higher than the national average of 82%.
- Appointments were available outside of school hours.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good





# Summary of findings

## **Working age people (including those recently retired and students)**

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- For example, it offered online bookings of appointments and prescription requests and offered evening appointments and telephone consultations. Appointments could be pre booked or booked on the day and emergency appointments were also available daily for those in need and all children.
- It offered extended hours one evening per week and on a Saturday morning.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group for example NHS health checks for those aged 40 to 75 years old.
- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

## **People whose circumstances may make them vulnerable**

Good



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

- The practice held a register of, and cared for patients living in vulnerable circumstances including homeless people, those who misused substances or alcohol, those who required more care and understanding due to multiple prolonged and behavioural symptoms, and those with a learning or developmental disability.
- The practice offered longer appointments for patients with a learning disability. The practice proactively cared for a group of patients being cared for in the community with autism by caring out regular medication reviews, health checks and healthy lifestyle promotion. They had designated clinical leads and had achieved an Autism Friendly charter award for the work they undertook with this group of patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## **People experiencing poor mental health (including people with dementia)**

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

- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months which is higher than the national average.
- 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months which is above the national average
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Counselling support services were available in-house.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was generally performing in line with local and national averages, 251 survey forms were distributed and 112 were returned. This represented 1% of the practice's patient list. Results showed for example;

- 89% of respondents described the overall experience of their GP practice as good compared to the CCG average of 90% and national average of 85%.
- 91% found the receptionists helpful compared to the CCG average of 92% and national average of 87%.
- 83% 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 84% and national average of 79%.

However for some aspects of the survey the practice was performing below the national and local CCG averages. For example:

- 54% of patients found it easy to get through to this practice by phone compared to the national average of 73% and CCG average of 79%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85% and CCG average of 88%.

The practice continually reviewed the appointment system and had made changes in order to improve access.

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

We received 11 comment cards which were all positive about the standard of care received. Comments told us patients found they received an excellent service, prompt appointments, staff who were responsive to their needs and treatment options were always explained.

We spoke with five patients during the inspection, including two patient participation group (PPG) members. All said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice took into account comments from the Friends and Family Test (FFT). For the year 2015/2016, 83% of the responses were positive (with patients saying they were extremely likely or likely to recommend the practice). Comments included patients feeling the practice had improved over the last 12 months, receiving a great service, high standard of service, with professional, helpful, courteous staff that they have confidence in. (The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way for patients to give views after receiving care or treatment across the NHS).

The practice PPG undertook their own internal satisfaction survey annually (called the Speedy Survey). Results showed that patients were satisfied with the service provided with comments including caring, listening staff who don't rush patients. Comments also indicated that some patients felt improvements were needed in access to appointments.

## Areas for improvement

### Action the service MUST take to improve

- The provider must ensure correct procedures are followed if the temperatures fall outside of the required range for temperature sensitive medicines to minimise the risk of adverse effects on the medicines.
- The provider must monitor all sterile equipment to ensure it is fit for purpose and does not exceed its expiry date.
- The provider must ensure that all prescription pads are stored securely.

# Summary of findings

- The provider must ensure that the minor ops room clean utility and hand washing facilities are suitable and fit for purpose.
- The provider must ensure that the cleaning schedule includes specific details of cleaning for the minor ops room.

## Action the service **SHOULD** take to improve

- Review the audit programme for infection control procedures to include annual auditing.
- Review the audit programme to include audit of minor surgical procedures for infection rates.

# Eastham Group Practice - KJ Bush

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an expert by experience. An expert by experience is a person who uses services themselves and wants to help CQC to find out more about people's experience of the care they receive.

## Background to Eastham Group Practice - KJ Bush

Eastham Group Practice - KJ Bush is registered with the Care Quality Commission to provide primary care services. The practice provides GP services for approximately 11700 patients living in Wirral and is situated in a purpose built medical centre. The practice has seven female GPs, two male GPs, an advanced nurse practitioner, five practice nurses, two healthcare assistants, two in-house phlebotomists, administration and reception staff (including medicine management staff) and a practice management team. It is a GP training practice and frequently has GP trainees working at the practice. Eastham Group Practice - KJ Bush holds a Personal Medical Services (PMS) contract with NHS England.

The practice is open Mondays 8am – 8.30pm, Tuesday–Friday 8am – 6.30pm and Saturday mornings (8.30am – 12.30pm) for pre booked GP and nurse appointments.

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of Wirral Clinical Commissioning Group (CCG) and is situated in a more affluent area. The practice population is made up of around national average population groups with 20% of the population under 18 years old and 22% of the population aged over 65 years old. Seventy two percent of the patient population has a long standing health condition and there is slightly lower than the national and CCG average number of unemployed patients. Life expectancy for both males and females is higher than the CCG and national average.

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

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 July 2016. During our visit we:

- Spoke with a range of staff (GPs, trainees, practice nurses, reception and administration staff and the practice management team). We spoke with patients who used the service and members of the PPG.
- Explored how the GPs made clinical decisions.
- Observed how staff interacted with patients face to face and when speaking with people on the telephone.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.
- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager and partners of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a verbal and sometimes written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events including reviewing them annually to identify themes and trends.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, new procedures were implemented for urinalysis for pregnant patients of the practice.

Patient safety alerts were received by relevant staff and we saw evidence of action taken where relevant, for example safe use of window blinds and prioritisation of home visit requests.

### Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse. There were however areas that needed improvement.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were up to date and included recent national guidance and policy requirements. Policies were accessible to all staff and 'what to do in the event of concerns' flowcharts were displayed in clinical and

non-clinical areas for reference. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Clinical staff, such as nurses, were trained to level 2 and non-clinical staff to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises to be clean and tidy. Cleaning schedules were in place and monitored. The advanced nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy and supporting procedures and guidance in place and staff had received up to date training. An infection control audit had been undertaken by the community infection control team two years ago and we saw evidence that action was taken to address any improvements identified as a result, however the practice did not follow the guidance to reaudit annually, this had been done 20 months after the initial audit.
- The arrangements for undertaking minor surgical procedures were not safe. The handwashing sink in the clean utility of the minor ops suite was not fit for purpose. There was no indication as to which was the hand wash basin, for it to be used for handwashing only (and not washing of instruments etc.) and the elbow taps did not support good handwashing techniques. We found a number of sterile instruments that had past their sterile use by dates. The cleaning schedule did not include specific cleaning for the minor ops room. The practice did not audit minor surgical procedures for infection rates.

## Are services safe?

- The arrangements for managing vaccinations and other temperature sensitive medicines in the practice were not safe. We found two of the medicine fridges had recorded readings of minimum and maximum temperatures that were outside of the required range for safe storage. There was a risk that a breach in the cold chain had occurred and the efficacy of the medicines stored within the fridge may have been compromised. Staff monitoring the fridges had not followed protocol to report the out of range temperatures and address the risk to the medicines. The practice responded following the inspection and undertook analysis of the significant events. Risks were assessed and mitigated and patients informed of the incidents.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. Improvements were needed to the safe storage of computer prescription forms. We found that not all were stored securely.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Patient records were stored securely in fire retardant containers and in a locked room.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the

office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) 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 of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The GPs operated a buddy system to ensure appropriate cover and the practice regularly monitored staffing levels to ensure they met the needs of patients.

### Arrangements to deal with emergencies and major incidents

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

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



# 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.6% of the total number of points available. Exception reporting was around average at 7.2% (9.2% for both the CCG and England). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was above and similar to the national average. For example:

The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 80% compared to the national average of 78%.

The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 85% compared to the national average of 88%.

- Performance for mental health related indicators was better than the national average. For example:

96% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015), national average 88%.

The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 86% compared to the national average of 84%.

There was evidence of quality improvement including clinical audit.

- The practice had an audit timetable which included re auditing of annual audits in order to demonstrate improvements. However audits of minor surgical procedures were not included in the audit programme and there was no evidence that these had been undertaken to assess and improve infection rates.
- There had been a number of clinical audits completed in the last two years; most of these were completed audits where the improvements made were implemented and monitored. Examples of audits seen included chronic obstructive pulmonary disease (COPD) prescribing, pulmonary rehabilitation, atrial fibrillation and warfarin treatment.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, as a result of the COPD and pulmonary rehabilitation audits a nurse specialist in COPD and asthma was appointed.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality and included a period of supervision/mentorship.

# Are services effective?

## (for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and diabetes care.
- Clinical staff had a diverse range of skills and knowledge to respond to the needs of their patient population and this was reflected in the services they offered, for example, dermatology, ophthalmology, joint injections, family planning, physiotherapy and sexual health.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice nurse meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received 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 face to face training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Patients with developmental disabilities (such as autism) were supported to maintain healthy lifestyles and received regular health reviews specific to their needs.
- The practice was able to signpost patients to local support groups for example, smoking cessation and obesity management.

The practice worked hard to improve cancer detection rates and had improved on these in the last year achieving higher than average cancer diagnoses. The practice's uptake for the cervical screening programme was 76%, which was higher than the CCG average of 73% and the national average of 74%. There was a policy to offer reminders for patients who did not attend for their cervical screening test and the practice encouraged uptake by ensuring a female sample taker was available. There were

## Are services effective? (for example, treatment is effective)

systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel and breast cancer screening rates were slightly higher than the national and CCG average with persons (aged 60-69) screened for bowel cancer in the last 30 months at 61% (national average 58%, CCG average 56%) and females (aged 50-70) screened for breast cancer in the last 36 months at 76% (national and CCG average 72%).

Childhood immunisation rates for the vaccinations given were good when compared to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were at 94% and five year olds were at 99%.

Saturday flu vaccination clinics were held for convenience.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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 11 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five patients including two members of the patient participation group (PPG). They also told us they were 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. Comments from the PPG survey were also very positive about the care and support given by staff. Comments included staff being courteous, caring, approachable, respectful, professional and friendly.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Some of the results had demonstrated improvement with patient satisfaction from last year. The practice was comparable with local and national data for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 89%.

- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 92% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were around local and national averages. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available when requested in easy read format, large print and braille.
- A lift to all consultation rooms and disabled accessible toilet facilities were 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. Patients were referred as necessary to local support groups such as WIRED (Wirral Information Resource for Equality and Diversity)

The practice's computer system alerted GPs if a patient was also a carer. The practice, supported by the PPG had proactively worked hard to identify carers so that they could support them better. They had identified 475 patients as carers (4.1% of the practice list). This was an increase from last year where they had only identified 1% of the patients as carers. Written information was available to direct carers to the various avenues of support available to them. The PPG had support forums for carers including holding a 'carers market' in the local civic centre and stalls within the practice.

Staff told us that if patients had received a life changing diagnosis or had suffered bereavement, their GP contacted them. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on an evening until 8.30pm on Monday evening and Saturday mornings for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning and/or developmental disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Local care and nursing home visits were undertaken proactively.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open Monday 8am – 8.30pm, Tuesday – Friday 8am – 6pm, Saturday 8.30am – 12.30pm

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages. (However these results were based on the survey conducted in 2015. Since these results were published in January 2016, the practice had addressed the concerns raised and amended their opening times). The practice supported by the PPG were continually reviewing appointment access and had made changes to improve the service. The latest survey results (July 2016) showed slight improvements:

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 82% and the national average of 76%.
- 54% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the national average of 73%.

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

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

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example a specific complaint information leaflet and information on the website.

We looked at complaints received in the last 12 months and found these were dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, training and reinforcement of good customer care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement to develop and improve the delivery of primary healthcare and to achieve excellence within an ever changing and demanding climate.
- They had business plans and strategy to improve and develop services to meet the increasing needs of the population. They aimed to be efficient and effective and to value patients and staff to ensure they were cared for within a friendly environment by professional, competent and motivated staff.
- Staff were aware of the vision and values that were promoted at the practice.

### Governance arrangements

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

- There was a clear staffing structure with clinical staff taking lead roles
- Staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks.

### Leadership and culture

Staff told us the partners were visible, approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- The practice held regular team, clinical and business meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at appraisals, meetings and management had an open door policy where staff were welcomed to raise any issues at any time.
- Staff said they felt respected, valued and supported by the partners and management in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The GP partners were also involved externally in health projects and initiatives such as working for the CCG as the urgent care lead and leading on the embryonic federation.

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

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

- The practice had an active patient participation group (PPG) with ten members and a virtual group of approximately 150 members. The practice valued the PPG and worked with them in an open and honest culture with good information exchange and sharing of lessons when things went wrong.

# 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 patients through the PPG, through a variety of surveys (both internal and external) and complaints received. The PPG met regularly with the practice, carried out patient surveys and submitted proposals for improvements to the practice management team which were acted on. The PPG undertook a survey over five days every year, analysed the results and reported back with suggestions to the practice. These were acted upon, for example, a review and changes to the appointment system was introduced for better access.
- 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.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot and national schemes to improve outcomes for patients in the area. For example the practice was a beacon practice for high blood pressure resulting in improved outcomes and better control for patients with high blood pressure. The practice had been awarded Investors in People status again this year in recognition for the work it did in leading, supporting and managing staff.



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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  <b>How the regulation was not being met:</b>  Temperature sensitive medicines were not stored and managed safely. Policies and procedures to ensure safe temperature controlled storage were not followed.  Blank prescription pads were not stored securely  12 (2) (g) (h)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment  <b>How the regulation was not being met:</b>  Sterile instruments were not fit for purpose and had past their expiry date  The minor ops room clean utility was not fit for purpose and did not have specified cleaning schedules appropriate to its use.  15 (1) (a) (c) (e), 15 (2)