

Dr A G Kippax & Dr A M Statham

Quality Report

Lathom House Surgery

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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 Dr A G Kippax and Dr A M Statham on 02/02/2016. Overall the practice is rated as good.

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

- The practice was experiencing a challenging period of time due to the long term absence of one of the GP partners. However, a strong and supportive team ethos was evident as staff worked together and flexibly to overcome this challenge.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Risks to patients were assessed and well managed.
- While we saw that significant events were reported and recorded, the records lacked detail and not all

significant events were documented as such. This resulted in learning opportunities not being maximised and made it difficult for the practice to identify and monitor any trends accurately.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Patient feedback was very positive about the care received.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Although the practice's leadership capacity was reduced at the time of inspection, 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.

The areas where the provider should make improvements are:

Summary of findings

- Consider the threshold for reporting, recording, acting on and monitoring significant events, incidents and near misses and improve thematic analysis of these. Ensure investigations into all significant events are thorough and records detail sufficient information in order to maximise learning opportunities.
- Ensure thorough pre-employment recruitment checks are embedded into the practice recruitment process.
- Ensure complaint handling processes fully reflect current guidance.
- Audits should be repeated in order to fully complete the audit cycle and ensure that any changes to practice continue to result in improvements to patient outcomes.
- Consider whether additional locum sessions would be beneficial to reduce pressures during periods of GP partner absence.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a system in place for reporting and recording significant events, however we did find that not all incidents had been recorded and analysed as significant events, and that documentation around significant event analyses was brief and lacked detail. This presented a risk that effective learning from these events was not maximised so as to mitigate against them being repeated.
- Where significant events had been recorded, we saw evidence that lessons were shared and actions put in place to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- While historically there were some gaps in the recruitment process, we saw that appropriate recruitment checks were being undertaken for two new reception staff members.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were mostly in line with or above local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement, although we did not see evidence that full audit cycles had been completed to monitor that improvements were maintained.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice higher than others for many aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand 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.

Good



- 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care as far as possible in light of present staff absence, with urgent appointments available the same day.
- Appointments could be booked by patients online, and telephone appointments were also offered.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand although records detailing the outcomes of previous complaints lacked detail which meant it was difficult to ascertain what learning had occurred.

Are services well-led?

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

Good



- The practice had a clear ethos to deliver high quality care and prioritised a personal approach to caring for the patients. Staff were clear about this ethos and their responsibilities in relation to this.
- We saw that practice staff worked well as a team and were flexible so as to support each other and their patients to achieve best outcomes.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- The practice's leadership capacity was reduced at the time of inspection due to the long term absence of one of the partners.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- Practice management had a good level of awareness of areas where improvements needed to be made and a thorough action plan had been produced in order to implement required improvements.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked closely with local care homes, for example offering training to care home staff in order to reduce the likelihood of patients needing to be admitted into hospital.
- The practice held monthly multidisciplinary palliative care meetings to discuss the needs of patients nearing the end of their lives and ensure their care was coordinated and managed appropriately.
- Flu vaccination rates for the over 65s were 81.7%, and at risk groups 58.93%. These were slightly above and in line with the national averages respectively.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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.
- Nursing staff were trained to initiate insulin treatments for diabetic patients, allowing them to begin this treatment sooner and reduce the need for the patient to be referred on to secondary care.
- The practice also offered weekly anticoagulant clinics where patients' bloods were tested and their anti-coagulant medicine reviewed and dose changed as required. This meant they did not need to attend a separate specialist anticoagulant clinic.

Summary of findings

Families, children and young people

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

- Staff had received appropriate training and were aware of their responsibilities around safeguarding issues.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 83.66%, which was comparable to the national average of 81.83%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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 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.
- 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.
- Telephone appointments were offered which allowed access to healthcare advice should a patient be unable to visit the practice in person.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability or complex needs.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



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.
- Staff had recently received carer's awareness training so they were better equipped to identify the needs and offer appropriate support for this vulnerable group.

People experiencing poor mental health (including people with dementia)

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

- The practice's patients had access to a weekly psychological therapy clinic run by a local organisation on the premises.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 85.71% compared to the national average of 88.47%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 91.53% compared to the national average of 84.01%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice offered an enhanced service to facilitate timely diagnosis of dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice offered a well person health check for patients over the age of 75 years which included a dementia screen.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with local and national averages. A total of 250 survey forms were distributed and 114 were returned. This was a response rate of 45.6% and represented 2.5% of the practice's patient list.

- 74.3% found it easy to get through to this surgery by phone compared to a CCG average of 72.3% and a national average of 73.3%.
- 85% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85.2%).
- 89.2% described the overall experience of their GP surgery as good (CCG average 85.8%, national average 84.8%).

- 81.9% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 77.9%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all extremely positive about the standard of care received. The comments indicated high levels of satisfaction with the standard of care provided by both clinical and reception staff, with many cards stating how impressed patients were with how staff would often go 'above and beyond' to meet the needs of the patients.

We spoke with four patients during the inspection. All four patients said they were very happy with the care they received and thought staff were approachable, committed and caring. We were told that staff gave the impression that nothing would ever be too much trouble.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvements are:

- Consider the threshold for reporting, recording, acting on and monitoring significant events, incidents and near misses and improve thematic analysis of these. Ensure investigations into all significant events are thorough and records detail sufficient information in order to maximise learning opportunities.
- Ensure thorough pre-employment recruitment checks are embedded into the practice recruitment process.
- Ensure complaint handling processes fully reflect current guidance.
- Audits should be repeated in order to fully complete the audit cycle and ensure that any changes to practice continue to result in improvements to patient outcomes.
- Consider whether additional locum sessions would be beneficial to reduce pressures during periods of GP partner absence.

Dr A G Kippax & Dr A M Statham

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, as well as a practice manager specialist adviser.

Background to Dr A G Kippax & Dr A M Statham

Dr A G Kippax and Dr A M Statham, also known as Lathom House Surgery is located in a residential area of Ormskirk and occupies a converted and extended detached house with a small amount of parking to the front of the property. There is a ramp at the front entrance of the building to facilitate access for those experiencing difficulties with mobility.

The practice delivers services under a general medical services (GMC) contract with NHS England to 4597 patients, and is part of the NHS West Lancashire Clinical Commissioning Group (CCG). The average life expectancy of the practice population is in line with both CCG and national averages for males (79 years) and slightly below the CCG and national average for females (82 years for the practice as opposed to 83 years for both the CCG and nationally). The practice population contains a higher proportion (21.8%) of people over the age of 65 than the national average of 16.7%. The percentage of the practice's patients resident in nursing homes is 1.2%, which is higher than the national average of 0.5%.

Information published by Public Health England rates the level of deprivation within the practice population group as eight on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is staffed by two GP partners (one female and one male). However, at the time of inspection one of the GP partners had been absent from the practice since July 2015 due to illness. The practice is using long-term locum GP cover to ensure the patients' needs continues to be met in their absence. The GPs are supported by one nurse practitioner, one practice nurse and two healthcare assistants (HCAs). Clinical staff are supported by a practice manager and four admin and reception staff (two of which spend part of their working hours fulfilling the role of HCAs). The practice is currently recruiting two new reception staff members. At the time of inspection the practice manager had only been in post for two days, as the previous practice manager had ceased employment with the practice the previous week.

The practice is open Monday to Friday between the hours of 8:30am and 6:30pm. Appointments are offered between these times, apart from Wednesday afternoons where appointments are not offered to allow for staff attendance at meetings and training, but the GP remains on call until 6:30pm. Outside normal surgery hours, patients are advised to contact the Out of hours service, offered locally by the provider OWLS CIC Ltd.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 February 2016. During our visit we:

- Spoke with a range of staff including the lead GP partner, nurse practitioner, practice nurse, practice manager as well as administration and reception staff. We also spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- 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 a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- We reviewed three significant events which had occurred in the previous 12 months. We saw that the practice carried out an analysis of the significant events and that learning outcomes were identified; for example, alerts being put on patient notes regarding medication issues following a higher quantity of medicine being prescribed to a patient than should have been the case. We did note that significant event analyses documentation lacked detail, and found evidence of one incident which had not been formally documented as a significant event.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. In some cases lessons were shared to make sure action was taken to improve safety in the practice. For example, following appointments for two patients with similar surnames and dates of birth being mixed up, staff had been reminded of the importance of routinely carrying out date of birth and address checks with patients prior to booking appointments. However, due to the lack of detail in significant event records, and the fact that not all incidents had been formally recorded or analysed, learning from these events was not always maximised in order to prevent reoccurrence.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. 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 relevant to their role. GPs were trained to Safeguarding level 3.

- Notices in the waiting room and consultation rooms advised patients that chaperones were available if required. Not all staff who acted as chaperones were trained for the role but all had received a Disclosure and Barring Service check (DBS check) (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice provided evidence on the day of inspection that chaperone training for those non clinical staff members carrying out the duties who had not yet completed it was booked for the 1 March 2016.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse practitioner was the infection control clinical lead and was aware of points of contact to liaise with within the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had not always historically been undertaken prior to employment. For example, proof of identification, nor appropriate references to verify previous employment were not documented in the files of two staff members. However, these staff members had been recruited to the practice some time ago under previous practice management. The practice was

Are services safe?

engaged in the recruitment of two new reception staff at the time of inspection, and we saw that appropriate recruitment procedures and checks were being undertaken. All staff had received the appropriate checks through the Disclosure and Barring Service.

- There were failsafe 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.

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. The practice had up to date fire risk assessments and carried out regular fire alarm tests and 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, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Practice staff told us that water temperature checks were carried out occasionally in light of the legionella risk assessment, but these checks were not documented.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice were experiencing a challenging period with staffing levels at the time of inspection due to absence through long term illness of one of the two GP partners. This absence was being

covered by locum GPs and since January 2016 the practice had secured the services of a locum on a long term basis in order to offer patients continuity of care. However, this did present challenges in terms of workload management as the locum GP did not possess the same level of familiarity or knowledge of the patient population that would be beneficial for dealing with the patient list size of the practice, meaning the remaining GP partner tended to pick up the majority of complex cases.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- 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 peoples' needs.
- The practice monitored that these guidelines were followed through case discussions and audits.

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 94.3% of the total number of points available, with 3.2% exception reporting (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 an outlier for one QOF clinical target, and one prescribing indicator. Data from 2014/15 showed;

- Performance for diabetes related indicators was either in line with or above the national average. For example, the percentage of patients with diabetes on the register in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 81.36%, compared to the national average of 77.54%. The percentage of patients with diabetes on the register whose last measured total cholesterol (measured in the preceding 12 months) was five mmol/l or less was 82.07% compared to the national average of 80.53%. The percentage of patients with diabetes on the register who had had influenza immunisation in the preceding 1 September to 31 March was 98.14% compared to the national average of 94.45%.
- Performance for mental health related indicators was mostly in line with the national average. For example the

percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 85.71% compared to the national average of 88.47%. The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 91.53% compared to the national average of 84.01%. However, the practice was an outlier for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months; this was 61.91% compared to the national average of 89.55%. The practice was aware of this and had modified the electronic template used by HCA staff during health screening to record this information. Unverified data provided by the practice during the inspection for the current, as yet incomplete QOF year, already stood at 70% which demonstrated an improvement in this area.

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding nine months was 150/90mmHg or less was 88.19% compared to the national average of 83.65%.
- The practice had been identified as an outlier for one prescribing indicator; the percentage of antibiotic items prescribed that were Cephalosporins or Quinolones was 10.01%, compared to the national average of 5.13%. Again the practice demonstrated that they were aware of this and explained it was due to their higher distribution of elderly patients along with close adherence to local prescribing guidelines. The practice were able to assure us that they had modified its prescribing trends to fall in line with current best practice.

Clinical audits demonstrated quality improvement.

- We were shown six clinical audits completed in the last two years, although none of these were completed audit cycles where the changes made to improve practice were reviewed and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action following the practice's audit of patients diagnosed with aortic stenosis (a narrowing

Are services effective?

(for example, treatment is effective)

of the aortic valve resulting in the flow of blood being impeded as it flows from the heart to the rest of the body) resulted in three patients being referred on for a repeat scan who may otherwise have been missed.

Information about patients' outcomes was used to make improvements such as through monitoring hospital admissions; the practice had issued rescue packs to eight patients which had resulted in a reduction in the admission rate to hospital for these specific patients.

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. It covered such topics as fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff we spoke to had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- 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.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

Are services effective?

(for example, treatment is effective)

- A weekly psychological therapy clinic was run at the practice by a local organisation and smoking cessation advice and weight loss monitoring were available from the practice's HCA.

The practice's uptake for the cervical screening programme was 83.66%, which was comparable to the national average of 81.83%. The practice had a system in place to remind patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were high compared to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.1% to 97.6% and five year olds from 96.4% to 100%.

Flu vaccination rates for the over 65s were 81.7%, and at risk groups 58.93%. These were slightly above and in line with the national averages respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 in addition to well person health checks for those over the age of 75, which included a dementia screen. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice informed us that 193 well person health checks had been completed in the preceding 12 months. These had resulted in 20 follow up appointments being offered and 30 patients newly identified as experiencing a long term condition, meaning their health issues could be better managed.

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.
- A poster displayed in the waiting area advised that patients who wanted to discuss sensitive issues would be offered a private room to discuss their needs.
- During the inspection visit we observed both reception staff and GPs act in an extremely caring manner to support and accommodate a patient in distress; they went out of their way to ensure the patient's needs were met.
- Clinical staff told us how they personally called patients into appointments from the waiting room.

All of the 20 patient Care Quality Commission comment cards we received were extremely 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 four patients during the inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They agreed with the comment cards received in that they highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for most of its satisfaction scores on consultations with GPs and nurses. For example:

- 97.1% said the GP was good at listening to them compared to the CCG average of 89.4% and national average of 88.6%.

- 96% said the GP gave them enough time (CCG average 88.9%, national average 86.6%).
- 96.7% said they had confidence and trust in the last GP they saw (CCG average 94.8%, national average 95.2%).
- 96% said the last GP they spoke to was good at treating them with care and concern (CCG average 85.2%, national average 85.1%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92.2%, national average 90.4%).
- 75.1% said they found the receptionists at the practice helpful (CCG average 85.6%, national average 86.8%).

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 on the comment cards we received was also positive and aligned with these views.

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

- 96.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.8% and national average of 86%.
- 95.8% said the last GP they saw was good at involving them in decisions about their care (CCG average 83.6%, national average 81.4%).
- 92.8% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85.8%, national average 84.8%).

Staff told us that translation services were available for patients who did not have English as a first language, although we were told this was rarely used due to the low proportion of patients whose first language was not English.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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

The practice had identified 11.4% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice staff had undertaken carer's awareness training during the previous month in order to allow them to better understand the needs of patients identified as having caring responsibilities.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice 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.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Telephone appointments were available, and patients were able to book appointments online.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The nurses consultation rooms were situated on the first floor of the premises. They told us they would see patients in a ground floor room if the patient experienced difficulties with mobility.
- The practice nurse was trained to initiate insulin treatment for diabetic patients. This meant that these patients would receive their insulin treatment within a week of the decision being taken to pursue it, without the need for referral on to secondary care. The practice's understanding of waiting times for such treatment locally in secondary care at the time of inspection was that patients would be required to wait a month or more.
- The practice also offered weekly anticoagulant clinics where patients' bloods were tested and their anti-coagulant medicine reviewed and dose changed as required. This meant they did not need to attend a separate specialist anticoagulant clinic.

Access to the service

The practice was open Monday to Friday between the hours of 8:30am and 6:30pm. Appointments were offered between these times, apart from Wednesday afternoons where appointments were not offered in order to allow for staff training and attendance at meetings, but the GP remained on call until 6:30pm. In addition to pre-bookable

appointments that could be booked up to six months in advance, urgent appointments were also available for people that needed them. On the day of inspection, same day appointments with the GPs remained available into the afternoon. Practice staff told us that extended hours one evening per week had been offered in the past. However, due to a low uptake and high incidence of patients failing to attend, this was stopped.

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

- 75.1% of patients were satisfied with the practice's opening hours compared to the CCG average of 72.3% and national average of 74.9%.
- 74.3% patients said they could get through easily to the surgery by phone (CCG average 72.3%, national average 73.3%).
- 87.2% patients said they usually see or speak to the GP they prefer (CCG average 67.3%, national average 60%).

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

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns, although we found that its historical implementation had been inconsistent.

- Its complaints policy and procedures were mostly in line with recognised guidance and contractual obligations for GPs in England, although we found that while complainants were signposted to the Parliamentary health Service Ombudsman should they be unhappy with the outcome of their complaint, they were not also signposted to NHS England as an alternative.
- 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 including information contained in the practice's patient leaflet as well as information displayed in the waiting area.

We looked at three complaints received in the last 12 months and found the records maintained relating to them indicated they had been satisfactorily dealt with. However, we found these records were either incomplete or lacked detail, meaning it was difficult to ascertain how learning

Are services responsive to people's needs? (for example, to feedback?)

and improvements were made from them. The new practice manager was able to assure us that a new system would be put in place in order to better monitor and document complaint outcomes.

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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which placed emphasis on the provision of compassionate care and prioritised knowing their patient population well. The staff we spoke to knew and understood these values.
- The practice was aware of shortcomings in some of their systems and processes, and had produced a thorough action plan detailing what was being done to address these.

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 and that staff were aware of their own roles and responsibilities.
- Policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained.
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and in most cases implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience and capability to run the practice and ensure high quality care. However, at the time of the inspection the leadership capacity was adversely impacted by the extended absence through illness of one of the two GP partners. They prioritised high quality and compassionate care. The GPs were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. We saw evidence of staff dealing with a situation that arose during the inspection that clearly demonstrated how staff felt the GP partner was

approachable and accessible. There was a very strong team ethos evident, and we were told repeatedly by staff how the team had pulled together and worked flexibly to support each other during the challenging time the practice had been experiencing.

The new practice manager had only been in post two days at the time of inspection. We were told that there had been a robust hand over period with the previous, outgoing practice manager prior to their departure, and that the practice had made arrangements for the previous practice manager to offer ongoing mentorship and support for the new manager on a weekly basis in order to ensure a smooth transition into the role.

The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. However we did discover examples of significant adverse events which had not been documented as such and so learning opportunities had been missed.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted that the team also engaged in social activities outside work which helped maintain high levels of morale.
- Staff said they felt respected, valued and supported, particularly by the partners 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.

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 gathered feedback from patients through the patient participation group (PPG) and through surveys. There was a 'virtual' PPG consisting of

Are services well-led?

Good 

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

129 of the practice's patients which the practice engaged with regularly and carried out patient surveys and submitted proposals for improvements to the practice management team. For example, patients had previously highlighted concerns around confidentiality in the waiting area. In response to this the practice had installed a glass partition at the front desk and played a radio in the waiting area so that conversations were less likely to be overheard. The practice was also aware of the difficulties patients experienced getting through on the telephone, and had arranged for a new, improved telephone system to be installed in the practice in April of this year in order to remedy this.

- The practice 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, and that the management of the practice were very receptive to any suggestions they made.

Continuous improvement

The practice demonstrated and awareness of the importance of continuous learning and improvement at all levels. The practice team was aware of areas they wished to improve within the surgery and had developed a thorough action plan detailing how they planned to address these shortfalls.