

Churchtown Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Churchtown Medical Centre on 26 May 2016. The overall rating for the practice was requires improvement. The practice was required improvement for safe and well-led services. Requirement notices were made as improvements were needed in the safety and suitability of the premises, staffing and staff recruitment and to governance systems. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Churchtown Medical Centre on our website at www.cqc.org.uk.

This inspection was undertaken on 3 October 2017 and was an announced comprehensive inspection.

Overall the practice is rated as good.

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

- There were systems in place to reduce risks to patient safety, for example, equipment checks were carried out, there were systems to protect patients from the risks associated with insufficient staffing levels and to prevent the spread of infection.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff were aware of procedures for safeguarding patients from the risk of abuse.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff felt supported. They had access to training and development opportunities appropriate to their roles.
- Patients said they were treated with compassion, dignity and respect. We saw staff treated patients with kindness and respect.
- Services were planned and delivered to take into account the needs of different and diverse patient groups.
- Access to the service was monitored and steps taken to ensure access was improved.

Summary of findings

- There was a system in place to manage complaints.
- There were systems in place to monitor and improve quality and identify individual risks however the service did not ensure there was an overview of significant events that had taken place.

Areas of practice where the provider had improved since the previous inspection were:

- A range of policies and procedures for infection prevention and control were now in place and staff could access them on the practice intranet site.
- Certificates and maintenance records indicated that all clinical and general equipment was cleaned, calibrated and serviced in keeping with the manufacturer's instructions. We saw for example the gas and fixed electrical wiring safety certificates for the premises and legionella risk assessment and water temperature checks.
- The practice had implemented a quality improvement programme which included clinical audits being undertaken in response to local and national priorities.
- A patient participation group had been actively encouraged and supported.
- Processes were in place to report and review serious incidents. Reports indicated that lessons learnt were discussed with staff and action taken to prevent a repeat incident. The practice did not have a process in place however, to review all incidents at the same time so that possible themes and trends could be identified.
- A detailed business continuity plan had been developed this provided information for staff to follow in the case of events that could cause the service to stop. For example flue pandemics; cyber-attacks or damage to the premises.
- A mandatory training plan had been implemented and the records indicated all staff had completed the courses required.
- Staff appraisals had been implemented and most staff had received appraisals.
- A staff recruitment policy was now in place and appropriate pre-employment checks were completed and records kept.

However, there were areas of practice where the provider should make improvements and the provider should:

- Review significant events and complaints periodically in order to identify themes and trends and learn from these.
- Review the system for documenting action taken in response to patient safety alerts.
- Review whether actions taken to reduce risks have worked.
- Review systems in order to identify more patients who are carers so that appropriate timely support can be offered.

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 good for providing safe services.

At our previous inspection, we rated the practice as requires improvement for providing safe services as there were insufficient arrangements in respect of the safety of the premises; staff recruitment and training; learning from incidents; responding to safety alerts, risk assessments and plans to deal with emergencies.

Most of these issues had been resolved and improved when we undertook a follow up inspection on 3 October 2017.

However, the provider did not review incidents periodically to enable them to monitor trends or evaluate action taken. Neither did they keep a separate log of all safety alerts and the action taken when appropriate.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely.
- Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared.
- Staff had the skills and knowledge to deliver effective care and treatment.
- Staff had access to training and development opportunities and had received training appropriate to their roles.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Responses to the National GP Patient Survey (July 2017) relating to the caring approach of the practice were overall lower than local and national averages and the practice had taken steps to respond to this information.
- Returned Care Quality Commission comment cards were very positive about the care received from the practice. Patients stated they were listened to and treated with respect and dignity. They also commented that staff were caring, compassionate and supportive.
- Information for patients about the services available was accessible.

Good



Summary of findings

We saw staff treated patients with kindness and respect, and maintained patient confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and used this understanding to meet the needs of its population. For example, it understood the needs of the vulnerable population and tailored services to the needs of this population group.
- The practice had good waiting room facilities and was well equipped to treat patients and meet their individual needs.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer, those at the end of their life and patients living with dementia.
- A range of appointments were provided to meet the needs of patients, including booking on line, pre bookable up to four weeks in advance, on the day, emergency appointments and home visits.

Information about how to complain was available and evidence from the example reviewed showed the practice responded to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

The practice is rated as good for providing well-led services.

At our previous inspection on 26 May 2016, we rated the practice as requires improvement for providing well-led services as the governance systems were not effective. Record keeping for recruitment, appraisals, staff training and some risk assessments needed improving.

Most of these issues had been resolved and improved when we undertook a follow up inspection on 3 October 2017.

- The practice had a mission statement and staff could articulate its values and ethos to provide the best possible care for its patients working within local and national governance, guidelines and regulations.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance and staff meetings.

The practice proactively sought feedback from staff and patients, which it acted on. Development of the patient participation group had started and they were actively encouraged to give feedback.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- Patients were called and recalled for Flu vaccination, Pneumococcal vaccinations and Shingles vaccinations. Those patients with dementia were reviewed annually as part of the recall and more frequently if needed.
- Atrial fibrillation (heart checks) were completed for all patients over 65 years at the time of the flu vaccine.
- The practice was fully engaged with a local and national initiative for frail and elderly patients. This now included providing care plans for patients living in care homes. All GPs were responsive to requests for visits and advice from nursing and rest homes.
- The practice was a pilot site for care co-ordination working with Living Well Sefton which was a health promotion initiative for older people.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice was responsive to the needs of older patients, and offered home visits, extended appointments and urgent appointments for those with enhanced needs.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example over 75's health checks and fall prevention assessments were carried out.

People with long term conditions

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

Good



- The practice held information about the prevalence of specific long term conditions within its patient population. This

Summary of findings

included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision so that patients who required regular checks because of specific illnesses received these.

- The practice nurse and healthcare assistant specialised in long-term/chronic disease management and provided regular, structured reviews of patients' health.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice held weekly clinics to monitor and advise patients with high blood pressure.
- The practice held regular multi-disciplinary meetings to discuss patients with complex needs and patients receiving end of life care.
- Longer appointments and home visits were available for patients with long term conditions when these were required.

Patients with multiple long term conditions could be offered a single appointment to avoid multiple visits to the surgery.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Childhood immunisation rates were high and the data information confirmed the practice immunised a higher proportion of patients compared with the local and national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- All children under the age of five were offered same day appointments and all children under the age of 11 were assessed by telephone to decide the urgency of an appointment.

Good



Summary of findings

- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- Staff were aware of information to signpost young people to sexual health services and advice.

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 these populations 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, telephone consultations and an electronic prescribing service. Extended hours were available on Monday evenings and Saturday mornings for pre-booked appointments.
- The practice was proactive in offering online appointments and a full range of health promotion and screening that reflected the needs for this age group, such as cervical screening, NHS health checks, contraceptive services, family planning services and smoking cessation advice. The practice also ran Well Woman and Well Man clinics. There were systems in place to call and recall patients eligible for cytology checks.

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, alcohol and substance misuse and homeless people. Patients' electronic records contained alerts for staff regarding patients requiring additional assistance.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice was also part of the Local Quality Contract (LQC) that monitored patients with mild cognitive impairment (learning disabilities).
- The practice offered longer appointments for patients with a learning disability.
- Patients confirmed that the practice cared for people with a learning disability in an individual caring manner.

Good



Summary of findings

- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations. Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate services
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

There was a system in place to alert doctors and the health care team to Child Protection alerts.

People experiencing poor mental health (including people with dementia)

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

- The practice had a collaborative approach to this group of patients and had effective relationships with Community Mental Health Team colleagues.
- The practice held a register of patients experiencing poor mental health. The register supported clinical staff to offer patients experiencing poor mental health, including dementia, an annual health check and a medication review.
- Care plans were developed to support patients and patient records were coded with carers' details to enable them to attend with the patient where appropriate.
- Accident and emergency attendance was monitored for patients identified as a high risk.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- A call and recall system for patients taking Lithium was managed by the health care assistants and prescribing alerts were in place for Lithium patients to make sure they had the correct medical checks.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia and referred patients to appropriate services such as memory clinics, psychiatry and counselling services.

The practice made information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017 (data collected from July – September 2016 and January - March 2017). The practice distributed 234 forms, 115 (49%) were returned which represented approximately 1% of the total practice population.

The results showed that patients' responses about whether they were treated with respect and compassion by clinical and reception staff were comparable or overall slightly lower than local and national averages. For example results showed:

- 73% said the receptionists at the surgery were helpful compared to the CCG average of 89% and national average of 87%.
- 88% of patients stated the last GP they saw or spoke to was good at giving them enough time, compared to the CCG average of 90% and national average of 86%. 91% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.

Results from the national GP patient survey from July 2017 showed that patients' satisfaction with the quality of care and treatment was comparable with local and national averages. For example results showed:

- 98% had confidence and trust in the last GP they saw or spoke to, compared to the CCG average of 97% and national average of 95%.

Results from the national GP patient survey from July 2017 showed that patients' satisfaction with access to care and treatment was lower than local and national averages for some responses. For example results showed:

- 70% of patients said the last appointment they got was convenient compared to the CCG average of 83% and national average of 81%.
- 58% of patients were satisfied with the surgery's opening hours compared to the CCG average of 76% and national average of 76%.

Although:

- 70% of respondents usually waited 15 minutes or less after their appointment time, compared to the CCG average of 73% and national average of 64%.

In response to the results of this satisfaction survey the practice had introduced an online appointment booking system. Staff had also received customer satisfaction training. Evidence provided confirmed the practice had put processes in place to review the effectiveness of these actions.

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. Patients had also completed a more detailed CQC patient questionnaire. We received 80 comment cards and 80 patient questionnaires which asked for a more detailed response to the questions. These were overall very positive about the standard of care received.

All the respondents confirmed that staff were caring and that they were treated with respect. They said that clinical staff listened to their concerns and treated them with compassion and empathy. Overall feedback from the feedback forms and patient questionnaires indicated that they were satisfied with access to appointments and opening hours. Four patients out of 160 respondents indicated that at times there could be difficulties making an appointment to see their preferred doctor at short notice. Seven patients specifically mentioned that getting appointments with their preferred doctor had improved.

- From the national GP patient survey, 67% of respondents would recommend this surgery to someone new to the area compared to the CCG average of 87% and national average of 85%. Steps had been taken to improve this finding and the practice sought more recent feedback using the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to give feedback on the services that provide their care and treatment. Results for September 2017 showed 101 patients completed this questionnaire and 92% of the respondents were either extremely likely or likely to recommend the practice.

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Review significant events and complaints periodically in order to identify themes and trends and learn from these.
- Review the system for documenting action taken in response to patient safety alerts.
- Review whether actions taken to reduce risks have worked.
- Review systems in order to identify more patients who are carers so that appropriate timely support can be offered.

Churchtown Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Churchtown Medical Centre

Churchtown Medical Centre, Southport is situated in a purpose built medical centre. There were approximately 10,612 patients on the practice list at the time of our inspection. The practice has a higher number than average number of elderly patients, 23% are aged 70 and over. 1% of the population reside in nursing or residential homes.

The practice is managed by five GP partners (four male, one female). There is also a salaried GP who is female. There is one advanced nurse practitioner, three practice nurses and two healthcare assistants. Members of clinical staff are supported by the practice manager, assistant manager, administration manager, and reception and administration staff.

The practice is open 8am to 6.30pm every weekday. There is extended hours opening on Monday evenings until 8.30pm and Saturday mornings for pre bookable appointments only. Patients requiring a GP outside of normal working hours are advised to contact NHS 111. The practice has a General Medical Services (GMS) contract with NHS England and is part of Southport and Formby Clinical Commissioning Group (CCG).

Why we carried out this inspection

We undertook a comprehensive inspection of Churchtown Medical Centre on 26 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe and well led services and was issued with requirement notices. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for on Churchtown Medical Centre our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Churchtown Medical Centre on 3 October 2017. This inspection was carried out to review the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

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 3 October 2017. During our visit we:

- Spoke with a range of staff (GPs, practice manager, healthcare assistant, and reception/administration staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

At our previous inspection on 26 May 2016, we rated the practice as requires improvement for providing safe services as there were insufficient arrangements in respect of the safety of the premises; staff recruitment and training; learning from incidents; responding to safety alerts and risk assessments and plans to deal with emergencies..

These arrangements had improved when we undertook a follow up inspection on 3 October 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system in place for reporting, recording and investigating significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via computer. All staff spoken with knew how to identify and report a significant event. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out analysis of the individual significant events however they did not formally monitor trends and themes or evaluate any action taken.

From the sample of documented examples reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

There was a system in place for the management of patient safety alerts. Medication and general alerts were handled separately. These were received and disseminated to relevant staff. Staff described the action taken in relation to general alerts but there was no documented evidence of action having been taken and reviewed where relevant. Safety alerts were also discussed at team meetings.

Overview of safety systems and process

- Policies and procedures for safeguarding children and vulnerable adults were accessible to all staff. The policies 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 and all staff we spoke with knew who this was.

- The practice had systems in place to monitor and respond to requests for attendance/submitting reports at safeguarding meetings. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and they told us they had received training on safeguarding children and vulnerable adults relevant to their role. The practice met with the health visiting service every month to discuss any concerns about children and their families and how they could be best supported.
- A notice was displayed advising patients that a chaperone was available if required. Nurses, health care assistants and some administration staff acted as chaperones and they had received training for this role. A Disclosure and Barring Service (DBS) check had been undertaken for staff who acted as chaperones. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- We saw that premises were clean and tidy. The practice manager had developed and was about to introduce a cleaning schedule and monitoring systems so that cleaning standards could be audited by the practice and the cleaning company employed.
- One of the practice nurses was the infection prevention and control (IPC) lead. They had received basic training in infection control. The practice had introduced up-to-date infection prevention and control policies such as hand hygiene, safer use of sharps, clinical waste management and antimicrobial prescribing.
- An IPC audit had been completed and we saw evidence that the correct systems were in place to prevent the spread of infections.
- The practice had a legionella risk assessment completed by a specialist company and provided evidence that action had been taken to ensure full compliance with the recommendations from this report.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice overall kept patients safe. There were processes for handling repeat prescriptions which included the review of high risk medicines. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Blank

Are services safe?

prescription forms and pads were securely stored and there were systems 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 three personnel files and found generally appropriate recruitment checks had been undertaken prior to employment such as whether GPs were on the performers list and DBS checks. Staff who were chaperones had a DBS check. The practice had taken the decision for all staff to have a DBS check and was in the process of getting DBS checks on administration and reception staff at the time of the inspection.

A system was in place to carry out periodic checks of the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) to ensure the professional registration of staff.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. There was a fire risk assessment and the practice carried out regular fire safety equipment tests. Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. An up to date fixed electrical wiring certificate for the building was available.

- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms and a panic button which alerted staff to any emergency.
- All staff had basic life support training and the practice. The practice had a defibrillator and oxygen available on the premises which was checked to ensure it was safe for use. There were emergency medicines available which were all in date, regularly checked and held securely.

Since our last inspection, the practice had updated its business continuity plan which covered major incidents such as power failure or building damage and included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

- Clinical staff we spoke with told us they used best practice guidelines to inform their practice and they had access to National Institute for Health and Care Excellence (NICE) guidelines on their computers.
- Clinical staff attended training and educational events to keep up to date with best practice. GPs we spoke with confirmed they used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital via a system which ensured an appointment was provided within two weeks.
- Reviews took place of prescribing practices and referrals to ensure that patients were provided with the most appropriate medications and interventions.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. Current results (data from 2015-2016) showed the practice had achieved 89% of the total number of points available which was comparable to the local (95%) and national (95%) averages.

Data from 2015-2016 showed that most outcomes for patients were comparable to other practices locally and nationally:

- The percentage of patients with diabetes with a blood pressure reading of 140/80 mmHg or less (measured in the last 12 months) was 75% and comparable to the CCG average of 80% and the national average of 77%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other

psychoses who have a comprehensive, agreed care plan documented in the records in the preceding 12 months was 79% which was comparable with the local average of 87% and the national average of 89%.

- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months was 76% comparable to the CCG average of 81% and the national average of 84%.
- The percentage of patients with COPD who had a review undertaken including an

assessment of breathlessness using the Medical Research Council dyspnoea

scale in the preceding 12 months was 82% comparable to the CCG average of 86% and the national average of 90%.

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 81% and comparable to the CCG average of 83% and the national average of 83%.
- The percentage of patients with asthma, on the register, who had undergone an asthma review in the preceding 12 months was 87% and better than the CCG average of 74% and the national average of 76%.
- We saw that audits of clinical practice were undertaken. Examples of audits included anticoagulant and atrial fibrillation monitoring and chronic kidney disease (CKD) audits. A more comprehensive audit programme had been put in place based on local and national priorities. This process was new and a cycle of audits had not been completed at the time of the inspection.
- GPs at the practice had a varied skill mix to support effective care of their patients. These included GPs and nurses specialising in various areas of practice. The GPs and nursing team had key roles in monitoring and improving outcomes for patients. These roles included the management of long term conditions and immunisation. The clinical staff we spoke with told us they kept their training up to date in their specialist areas. This meant that they were able to focus on specific conditions and provide patients with regular support based on up to date information.

Effective staffing

- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety, health and safety and confidentiality as well as employment related matters. Newly employed staff

Are services effective?

(for example, treatment is effective)

worked alongside experienced staff to gain knowledge and experience. The practice had completed a training needs analysis and planned appropriate courses.

- Staff told us that the practice ensured they had received role-specific training. For example, staff administering vaccines and taking samples for the cervical screening programme had received specific training. 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 meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. An appraisal system was in place to ensure staff had an annual appraisal and this was an improvement from the previous inspection.
- Staff told us they felt well supported and had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff received training that included: safeguarding adults and children, fire procedures, basic life support, infection control and information governance awareness. The training plan included topics for mandatory training only, although staff had evidence of training in a variety of other subjects relevant to their role. Staff had access to and made use of e-learning training modules and in-house training. A number of external courses were also provided and staff had protected time for learning.

Coordinating patient care and information sharing

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

Consent to care and treatment

- We spoke with clinical staff about patients' consent to care and treatment and found this was sought in line with legislation and guidance. All of the clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people clinical staff told us assessments of capacity to consent were also carried out in line with relevant guidance.

Supporting patients to live healthier lives

- New patients completed a health questionnaire and were offered a new patient health check. The practice offered national screening programmes, vaccination programmes, children's immunisations and long term condition reviews.
- The practice had links with health promotion services and recommended these to patients, for example, smoking cessation, alcohol services, weight loss programmes and exercise services. Weekly clinics were held with the local health trainer (health trainers' work in local communities supporting individuals to make healthier lifestyle choices.)
- Care plans were developed to support patients to manage long term conditions such as asthma and chronic obstructive pulmonary disease (COPD).
- The practice was a part of a pilot for a healthy living scheme called Living Well Sefton an initiative that provided guidance and activities to anyone registered with a Sefton GP.

The practice monitored how it performed in relation to health promotion and used the information from the QOF and other sources to identify where improvements were needed. QOF information for the period of April 2015 to March 2016 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were comparable or better than other practices nationally.

For example:

Are services effective?

(for example, treatment is effective)

- the percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 79% compared to the CCG average of 81% and the national average of 81%.
- Childhood immunisation rate for under two year olds was 93%; the national expected rate was 90%.

- MMR vaccination rates for 5 year olds were 96% compared to the CCG (95%) and national (91%) averages.

Immunisation clinics were held weekly and alternative appointments made if necessary. There was a system to ensure that missed immunisations were followed up with parents and health visitor if required. Immunisations were completed at site close to the surgery.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 80 comment cards which were overall very positive about the standard of care received. Comments referred to the caring, kind and courteous nature, helpfulness and professionalism of all staff. We received 80 completed CQC detailed questionnaires and this information highlighted clinical staff listened to patients concerns and treated them with compassion and empathy. We talked with two patients who said all the staff at the practice were caring and took extra steps to meet their needs and the needs of family members.

Data from the National GP Patient Survey July 2017 showed that overall patient satisfaction with the way they were treated by GPs, clinical and reception staff was comparable to local and national averages. 115 surveys (49%) were returned; the data was collected from January-March 2017 and reflects the opinion of patients at that time. Results showed:

- 82% said the GP they saw or spoke with was good at treating them with care and concern compared with the CCG average of 88% and national average of 86%.
- 91% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 88% said the GP gave them enough time compared to the CCG average of 90% and national average of 86%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.

- 89% said the nurse was good at listening to them compared to the CCG average of 94% and national average of 91%.
- 89% said the nurse gave them enough time compared to the CCG average of 95% and national average of 92%.
- 94% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.

However, some results were lower:

- 73% said the receptionists at the surgery were helpful compared to the CCG average of 89% and national average of 87%. In response the practice provided online customer service training to all staff and additional more intense face to face training had been planned.
- 67% of respondents would recommend this surgery to someone new to the area compared to the CCG average of 87% and national average of 85%. The practice were aware of the lower satisfaction results in this area and had completed their own patient satisfaction service to find out the reasons for the dissatisfaction. In response to the outcome the practice provided more information about the online appointment booking system, took active steps to reinstate the patient participation group, and employed additional clinical staff.
- Results of a recent Friends and Family test (01 September 2017 to 30 September 2017) showed an improvement, as 92 out of 101 (92%) respondents were either extremely likely or likely to recommend the practice; 2% was unlikely or extremely unlikely to recommend the practice and 6% were neither likely or unlikely.

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 clinical 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.

Are services caring?

Results from the National GP Patient Survey showed patients responses to questions about their involvement in planning and making decisions about their care and treatment were comparable with local and national averages. For example:

- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 88% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 93% and national average of 90%.
- 83% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and national average of 85%.
- 80% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.

The practice provided services to support patient involvement in decisions about their care. For example, a hearing loop was installed in the building and a translation services was available. Most information could be provided in different formats and languages.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. The practice maintained a register of carers and had identified 83 (approximately 1%) of patients as carers.

The practice offered carers a health check to ensure they were receiving the care and treatment they needed.

Staff told us that if families had experienced bereavement, their GP would contact them particularly if they knew family support was not immediately available. Staff at the practice would also be alerted to any deaths at the practice so that they would be mindful and able to offer support where possible or by giving patients advice on where 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 worked with the local Clinical Commissioning Group (CCG) to improve outcomes for patients in the area. For example, the practice offered enhanced services with the aim of avoiding unplanned hospital admissions, processes were in place to provide timely diagnosis of dementia and patients were offered flu and shingles vaccinations. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs.

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

- Urgent access appointments were available for children and for any patients with medical needs that required a same day consultation.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- Immunisation clinics were held weekly and at other times convenient to patients to provide flexibility for patients.
- GPs visited two local care homes at least weekly. The homes cared for patients with severe learning disabilities and visits were carried out by the same clinicians to provide continuity.
- There were longer appointments available for patients, for example older patients, patients with a long term condition, patients requiring a translator and patients experiencing poor mental health.
- The practice aimed to ensure that patients were able to have their long term conditions reviewed in one visit to reduce the need for multiple appointments.
- An in-house phlebotomy service was provided which meant patients could receive these services locally rather than having to travel to another service.
- There were accessible facilities, which included a hearing loop and translation services. Baby changing facilities had recently been added.

Access to the service

Churchtown Medical centre was open from 8am to 6.30pm Monday to Friday with extended hours offered on a Monday evening until 8.30pm and alternate Saturday mornings 8am to 12pm for nurse clinics only and GPs were not available.

The practice offered GP telephone consultations. Patients could book routine appointments in person, via the telephone and on-line. Repeat prescriptions could be ordered on-line or by attending the practice.

Results from the national GP patient survey from July 2017 showed that patient satisfaction with access to care and treatment was below local and national averages for most responses. For example results showed:

- 70% of patients said the last appointment they got was convenient compared to the CCG average of 83% and national average of 81%.
- 58% of patients were satisfied with the surgery's opening hours compared to the CCG average of 76% and national average of 76%.
- 40% of respondents find it easy to get through to this surgery by phone compared to the CCG average of 64% and national average of 71%.
- 54% patients described their experience of making an appointment as good compared to the CCG average of 73% and national average of 73%.
- 76% of patients stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG average of 85% and national average of 84%.
- 70% of respondents usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 73% and national average of 64%.

We received 80 comment cards and 80 completed more detailed CQC patient questionnaire forms. This feedback indicated patients were now satisfied overall with access to appointments and opening hours. Five respondents specifically stated access to appointments had improved because of the newly introduced online appointment system. This appointment system had been introduced after the 2016 patient survey but, following the 2017 survey results, the practice had taken more action to raise awareness about the process. Patients also told us there had been improvements in getting appointments with the doctor of choice.

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The practice had a system to assess:

- whether a home visit was clinically necessary;
- the urgency of the medical situation so that alternative emergency care was arranged when appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information signposting patients to the complaint procedure was available in the patient information booklet. A copy of the complaint procedure was available at the reception desk. This included the details of who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a record of written complaints. We reviewed a sample of three complaints. Records showed they had been investigated, patients informed of the outcome and action had been taken to improve practice where appropriate. The practice did not review complaints overall on a regular basis in order to identify any themes and trends.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 26 May 2016, we rated the practice as requires improvement for providing well-led services as the governance systems were not effective. Record keeping for recruitment, appraisals, staff training and some risk assessments needed improving.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 3 October 2017. The practice is now rated as good for being well-led.

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 which was displayed and staff knew and understood the values.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and the nurse had lead roles in key areas.
- Practice policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- Clinical audit was used to monitor quality and to make improvements. An audit plan was in place that was based on local and national priorities.
- There were systems in place for identifying, recording and managing risks and implementing mitigating actions.
- We saw evidence from meeting minutes that lessons learnt and sharing following significant events and complaints occurred. However these were not reviewed periodically in order to identify themes and trends.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and management were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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). The partners encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems 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 and staff felt supported by management.

- The practice held and recorded a range of multi-disciplinary meetings including meetings with district nurses and health visitors to monitor vulnerable patients, vulnerable families and safeguarding concerns.
- 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 and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- The NHS Friends and Family test, complaints and compliments received.

Are services well-led?

Good 

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

- 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.
- The patient participation group (PPG). There were five members in the (PPG) and the practice manager arranged for members of the group to participate in the inspection. We spoke with two of the members and they told us the service was very good. They confirmed that people in vulnerable circumstances were well cared for. They commented that they had seen improvements in access to the doctors and the general atmosphere of the surgery in recent months. They told us the care and treatment from the doctors has always been good. The members also commented they were asked about

planned changes, for example the employment of the advanced nurse practitioner. They said this made them feel valued. The practice manager had arranged a timetable of meetings for the group.

Continuous improvement

There was a focus on continuous improvement within the practice. The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice offered a range of enhanced services including avoiding unplanned hospital admissions, timely diagnosis of dementia and flu and shingles vaccinations. The practice was working flexibly to ensure it met the needs of its patient population. For example, GPs visited local care homes on a regular basis.