

# Blundellsands Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Blundellsands Surgery on 12 November 2015. Overall the practice is rated as Good .

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Safeguarding systems were in place and staff demonstrated their understanding of these. However, we found that requests for safeguarding reports were not always met.
- The practice reviewed data to improve performance, but were unable to provide examples of completed audit cycles.

- The practice used proactive methods to improve patient outcomes, working with other local providers to share best practice.
- Feedback from patients about their care was consistently and strongly positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- 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
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

# Summary of findings

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

Importantly the provider must:

- Ensure all requests for safeguarding reports are met, and that reports are submitted to safeguarding review boards in the required format.

Additionally, there are areas where the practice should make improvements.

The practice should

- Ensure that audits started are completed and meet the clear definition of the clinical audit cycle.

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 had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. However, clinicians did not always complete safeguarding reports in response to requests from safeguarding review boards.
- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Risks to patients were assessed and managed.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits we were shown were not completed audit cycles. We did see that the practice used data to review performance and to make changes to how they provided effective interventions. However, the second cycle of assessment and review, required to complete audits and show changes made had been effective, was missing.
- 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 people's needs.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.

**Good**



# Summary of findings

- 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It 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. The practice had conducted an audit on the older practice patients to score their risk of becoming frail. Further work planned was aimed at providing services alongside other stakeholders that met the needs of this patient group, whilst still in the community.
- 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.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- 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 meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



# Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older patients. We found:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice updated its registers for older patients on a monthly basis, constantly applying a risk stratification tool to identify those patients in danger of unplanned admission to hospital.
- The practice had a GP who led on the Care Home Innovation Project (CHIP), which aimed to enable care home residents to enjoy the best quality of life and care within their usual place of residence and reduce unnecessary urgent care investigation and admission.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The indicators from data for care of patients with diabetes, showed the practice achieved scores above the national average.
- Longer appointments and home visits were available when needed; we saw plans in place to ensure patients were provided with the help they needed to stay well during the winter months.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.
- For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care, for example working with community and Macmillan nurses for those patients receiving palliative care.

Good



# Summary of findings

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. However, GPs did not always complete and submit child safeguarding reports for safeguarding review panels.
- 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 had taken steps which had been effective, to increase the uptake of cervical screening.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

## 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)

Good



- 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 had responded to demand from patients in this population group, and provided extended hours surgeries in the form of early bird and commuter clinics, as well as late evening opening on two nights each week.
- 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.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.



# Summary of findings

- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations. Citizens Advice Bureaux were at the practice each fortnight and patients could access these services via the practice.
- 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. However we saw that the practice did not complete and submit safeguarding reports in respect of people identified as being vulnerable.

## 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).

- < >  
A recent review of data on dementia prevalence and diagnosis had led to more effective management of these patients, and closer working links with other community clinicians.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

Results from the national GP patient survey published on 2 July 2015 showed the practice was performing above local and national averages. 312 survey forms were distributed and 117 were returned. This sample of patient opinion gives the views of 1.12% of the practice patients.

- 84.2% found it easy to get through to this surgery by (CCG average of 64.8%, national average 73.3%).
- 87.4% found the receptionists at this surgery helpful (CCG average 83.3%, national average 86.8%).
- 94% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81.1%, national average 85.2%).
- 98% said the last appointment they got was convenient (CCG average 92.2%, national average 91.8%).

- 89.5% described their experience of making an appointment as good (CCG average 66.9%, national average 73.3%).
- 78.9% usually waited 15 minutes or less after their appointment time to be seen (CCG average 82.8%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive about the standard of care received. Patients commented particularly on the continuity of care they received, how quickly they could make appointments, and how they valued the services delivered by the practice.

## Areas for improvement

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

- Ensure all requests for safeguarding reports are met and that reports are submitted to safeguarding review boards in the required format.

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

- Ensure that audits started are completed and meet the clear definition of the clinical audit cycle.

# Blundellsands Surgery

## 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 and a practice manager specialist adviser.

## Background to Blundellsands Surgery

Blundellsands Surgery is located in a residential area of Merseyside and falls within South Sefton Clinical Commissioning Group (CCG). The practice premises which were once a domestic property, have been converted over a number of years to provide GP led services to approximately 10,400 patients. The practice is not currently accepting any new patients.

The practice team is made up of two GP partners supported by four salaried GPs, providing patients with 3 female GPs and 3 male GPs. The partners advised they are currently advertising for a further salaried GP. Blundellsands Surgery is also a teaching practice, hosting 3 GP registrars at the time of our inspection. Further clinicians include an advanced nurse prescriber, a practice nurse and two health care assistants. The practice support team is led by a practice manager who is supported by a team of administrative and reception staff. This team includes an office manager and an IT and quality outcomes manager. Services are delivered under a General Medical Services (GMS) contract.

The practice is open between 7.30am and 6.30pm Monday to Friday, with further extended hours opening on Monday and Thursday until 8pm.

In the out of hours period patients are directed to call NHS 111, who triage calls and refer to the appointed out of hours provider for the area, Go to Doc.

## Why we carried out this inspection

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

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

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people

## Detailed findings

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 November 2015. During our visit we spoke with a

range of staff including two GP partners, an advanced nurse prescriber, a GP registrar, a practice nurse and health care assistant. We also spent time with the practice manager, spoke with patients who used the service and met with the practice Patient Participation Group. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents. Incidents were recorded in a standardised form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. In one particular example, the practice GPs had escalated an incident to the local Clinical Commissioning Group (CCG), as there was concern that the problem highlighted within the significant event analysis, was not an isolated incident. In this example, the practice had not received blood test results back from a laboratory. When this was chased up, the laboratory described the loss of the request for bloods analysis as an isolated incident. The practice conducted a small review amongst other practices locally to see if this had occurred more frequently. This proved to be the case. As a result, the three largest clinical commissioning groups within Merseyside (South Sefton, Knowsley and Liverpool) have launched a review of laboratories used, with a view to making the request and receipt of bloods analysis more secure, for the safety and benefit of patients waiting on these results. The practice, and others who have committed to supporting this work, will share the findings with other CCGs nationally. This may trigger a wider review of service level agreements with laboratories to ensure that key performance indicators are set and monitored.

The practice had a clear protocol in place for communicating findings from any significant events with any patient affected. When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and

safeguarded from abuse. We saw that arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Policies on this 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. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

GPs did not attend safeguarding meetings; examples of invites to these meetings that we reviewed showed notice given to GPs for attendance was very short, for example, 72 hours notice. In cases such as this, there is an expectation that GPs will submit a report to the safeguarding review board. We checked practice records to confirm this requirement was being met. From checks we saw that reports were not being submitted in the required format, which prompts the GP to give an opinion on the health and welfare of the child/vulnerable person in question. We saw that in some cases, GPs were submitting copies of patient summary care records. These do not include an opinion on the health and welfare of the child in question and contain limited information, much of which is clinically coded, so may be of limited value to the safeguarding board. We found only one recent example of a report submitted by the practice to a safeguarding board.

A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring 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 maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control 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

## Are services safe?

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. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations (for example pneumonia and vitamin B12 injections).

We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### **Arrangements to deal with emergencies and major incidents**

Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also 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.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet

patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice described how they had dealt with a period of time earlier in the year where they were without a practice nurse for approximately five months. We saw how contingencies had been put in place to minimize any impact that this may have had on patients. For example, increased health care assistant availability to maximise the availability of the advanced nurse prescriber at the practice.

### **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. There was also a first aid kit and accident book 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 risk assessments, audits and random sample checks of patient records.
- The practice regularly used a risk stratification tool to review all patients at risk of unplanned hospital admission. This ensured that the register maintained to identify these patients quickly by practice staff, was always up to date and that these patients needs were reviewed more frequently. When necessary, the practice refers these patients quickly to the South Sefton Virtual Ward, using this resource to help patients stay well and at home.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.8% of the total number of points available, with 5.2% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-14 showed;

- Performance for diabetes related indicators was better than the CCG and national average, with the practice scoring higher in the six key tests for diabetic patients.
- The percentage of patients with hypertension having regular blood pressure tests was 85.9%, compared to the national average of 83.11%

- Performance for mental health related indicators was better than the national average for example, patients with a comprehensive agreed care plan documented in their record was 93.67% compared to the national average of 86.04%.
- The percentage of patients with mental health problems, with a recorded alcohol consumption was 92.86% compared to the national average of 88.61%.

Clinical audits we were shown were not completed audit cycles. We did see that the practice used data to review performance and to make changes to how they provided effective interventions. However, the second cycle of assessment and review, required to complete audits and show changes made had been effective, was missing.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- We saw that apprentices with the practice were given sufficient training at each key learning stage of their training and placement with the practice.
- 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 these 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 the revalidation of doctors. All staff had had 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.



# Are services effective?

## (for example, treatment is effective)

### 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 people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.
- We noted that sometimes GPs did not routinely record in patient notes when a chaperone had been offered and declined/accepted, and if accepted, who the staff

member was providing the chaperoning service. GPs confirmed they considered this as part of the consent process and told us the importance of recording the offer of a chaperone would be revisited with all staff.

### Health promotion and prevention

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. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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.
- A dietician was available on referral and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was targeted for improvement by practice nurses. Figures available showed this had risen from 58% to 86% which was comparable to the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and the nurses encouraged GPs to address any failure to attend these appointments when they saw these patients. Nurses reported that this worked well and were able to show that this small step was driving up figures for attendance. 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 comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87.6% to 98.2% and five year olds from 95.5% to 98.9%. Flu vaccination rates for the over 65s were 78.57%, and at risk groups 57.99%. These were also above CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and



# Are services effective?

(for example, treatment is effective)

NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

In all areas of the caring domain, the practice performed well and scored highly. Feedback from patients we spoke to on the day, submitted on comment cards, and in on-line comments on the NHS Choices website, was strongly positive. Patients praised clinicians and staff on the level of service they received from the practice.

- 94% said the GP was good at listening to them compared to the CCG average of 87.2% and national average of 88.6%.
- 92.5% said the GP gave them enough time compared to the CCG average of 84.7% and national average of 86.6%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 94.3% and national average of 95.2%
- 87.8% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85.1%.
- 93.5% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90.7% and national average of 90.4%.
- 87.4% patients said they found the receptionists at the practice helpful compared to the CCG average of 83.3% and national average of 86.8%.

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 26 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We spent time speaking with the practice Patient Participation Group (PPG), who told us patients valued the high quality of service they received from the practice, telling us how this year's flu clinics had been delivered with military precision.

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

The practice was involved in the Care Home Improvement Plan (CHIP) project, which developed protocols for care home staff and carers to follow in the care of the frail and elderly. This work will contribute to patients safety and well-being in their chosen place of care, helping to allow those patients to stay in an environment they are familiar with, for longer. It is also supporting staff in the delivery of safe care.

Staff told us that translation services were available for patients who did not have English as a first language. Although the area served by the practice did not have many patients from black and ethnic minority backgrounds, the practice staff could show they had access to materials in a number of formats and languages, showing they could meet the needs of any patients from this group.

Patients told us that 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 positively to questions about their involvement in planning and making decisions about their care and treatment. Results were higher than local and national averages. For example:

- 90.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83.9% and national average of 86.0%.

## Are services caring?

- 88.5% said the last GP they saw was good at involving them in decisions about their care (CCG average 79.9% , national average 81.4%)

### **Patient and carer support to cope emotionally with care and treatment**

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

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct

carers to the various avenues of support available to them. These patients would be offered a double appointment to ensure that they had sufficient time to discuss their health care needs.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support. 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. For example, the practice had been involved in a pilot scheme to address the healthcare needs of those patients that were housebound. This covered practice nurses working with community based nurses to ensure essential health checks as well as other proactive health checks were delivered to this patient group, such as bloods monitoring, foot checks, pressure care and medicines management reviews. As a result of this, 130 patients had their needs met by this pilot. Information collated from this exercise has been used to inform clinicians at other practices locally as to whether this project can be repeated and extended across the Sefton area.

- The practice offered a 'Commuter's Clinic' Monday to Friday each week, with morning appointments from 7.30am and evening appointments on a Monday and Thursday until 8pm, for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice was planning to install improved access arrangements for those with impaired mobility and additional designated parking spaces for disabled patients.

The practice had worked with other partners in the community to ensure all patients had access to support services that could help meet their needs. For example, the practice had worked to bring all information on voluntary services together in a matrix (a grid format) and make this information available to patients through a web based tool.

The practice responded to data they had available, in the planning of services and for addressing predicted increase in demand for services. For example work had started on

identifying those patients classified as being at risk of frailty. This information will be shared with other practices; the objective is to ensure that planned community services will work effectively with GP services to keep this patient group well, helping to avoid spikes in demand for GP services.

### Access to the service

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

- 78.2% of patients were satisfied with the practice's opening hours (CCG average 70.4%, national average 74.9%).
- 84.2% patients said they could get through easily to the surgery by phone (CCG average 64.8%, national average 73.3%).
- 89.5% patients described their experience of making an appointment as good (CCG average 66.9%, national average 73.3%).
- 78.9% patients said they usually waited 15 minutes or less after their appointment time (CCG average 63.8%, national average 64.8%).

The practice manager was able to show how appointment availability was reviewed throughout each week to help meet demand. The practice hosted GP registrars, who also took on additional appointments at the end of the their planned surgeries, to ensure patients that needed to be seen, would be seen on the day. One the areas of patient satisfaction commented on consistently in comment cards we received, was the fact that patients could get emergency appointments on 'the day' and had never been turned away.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

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

- We saw that information was available to help patients understand the complaints system and details of this were given in the practices patient leaflet, which was written in plain English and easy to understand.

We looked at complaints received in the last 12 months and found these were satisfactorily handled and dealt with

in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. Complaints was a standing agenda for practice meetings and this acted as a prompt to discuss any triggers of complaints and how they could be dealt with.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a robust strategy and supporting business plans which reflected the vision. All staff we spoke with could identify and describe how their role and daily tasks, contributed to the practice achieving its vision and goals. When interviewing staff they reported high levels of job satisfaction, of feeling part of a team and that they were appreciated and supported by management.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the services 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
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous data review which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

The practice were able to show us a list of clinical audits that had been undertaken by GPs. Two in particular that we were able to review, showed that they were used to drive improvements and we could see how those improvements had been implemented, for example, in the correct clinical coding of a diagnosis of dementia. However, the audits we reviewed did not have a completed cycle, which would have demonstrated that the improvements had been embedded, and that patient outcomes had improved as a result of this.

### Leadership, openness and transparency

The partners in the practice delivered high quality, visible and approachable leadership. They have the experience, capacity and capability to run the practice. They prioritised

safe, high quality and compassionate care. Staff told us the partners were visible and accessible in the practice, were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, felt confident in doing so and were supported if they did.
- 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 services delivered.

### 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.

- It had gathered feedback from patients through the patient participation group (PPG). The PPG met on a regular basis and submitted proposals for improvements to the practice management team. For example, when we met with the PPG they showed us plans that had been developed to improve ease of

# Are services well-led?

Good 

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

access to the building for people with limited mobility. There were also plans in place to improve the car park, including the setting out of designated parking spaces for disabled people.

- 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.

## Innovation

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and took part in local pilot schemes to improve outcomes for patients in the area. One example we reviewed involved the practice utilizing the organised flu clinics, to carry out an assessment on patients to identify their risk of becoming 'frail elderly'. This consisted of asking set questions, in line with a recognised diagnostic tool, and scoring answers for each patient. Based on the score achieved, patients were invited to

attend an appointment with a health care assistant who could provide health advice and create an action plan to ensure the patient accessed services in a timely way, to lessen the impact of them becoming 'frail elderly'.

The practice had led a pilot in the area on delivery of services to housebound patients. This had proved successful in managing the health of these patients, keeping them well during peak periods of demand on health and care services. Under this scheme, patients who were housebound were visited by nurses in the community who delivered asthma and respiratory disease care, flu immunisations, diabetes checks and other health care services. Approximately 130 patients from the practice had accessed this scheme, which is now being rolled out across the Sefton area.

All staff we spoke with told us they were encouraged to share ideas and to attend forums and meetings within the locality.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p><b>The provider is failing to comply with regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p> <p>Regulation 13(2) Systems and processes must be established and operated effectively to prevent abuse of service users.</p> <p>The provider failed when requested, to submit safeguarding reports to child/vulnerable adult Safeguarding Review Boards as is required.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	