Dr Onn Syed

Quality Report

6 Stopgate Lane
Liverpool
L9 6A
Tel: 0151 525 1298
Website: www.stopgatelanemedicalcentre.co.uk

Date of inspection visit: 16 April 2015
Date of publication: 04/06/2015

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Onn Syed's practice on 16 April 2015. Overall the practice is rated as good.

We found the practice to be good for providing safe, well-led, effective, caring and responsive services. It was also good for providing services that meets the needs of all population groups.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Opportunities for learning from internal and external incidents were maximised.
- The practice used data to target improvements in patient outcomes. This included assisting patients with learning difficulties to access support from other local providers, who helped with housing issues that had impacted on health.
- Patients said they were treated with compassion, dignity and respect. Information was provided to help patients understand the care available to them. Parents commented on how well GPs had explained the complex conditions that their children had, and how they had guided them to reading material on their children's condition.
- The practice responded to suggestions for improvements and made changes to the way it delivered services, demonstrating its commitment to working constructively with patients and the Patient Participation Group (PPG).
- Information about how to complain was available and easy to understand. The practice manager recorded all feedback received, whether positive or negative.
- The practice had a clear vision which put quality patient care as its top priority. The practice had policies in place that helped staff understand the problems of more vulnerable patients, for example, homeless patients. Leaders were committed to supporting practice staff and we saw evidence of team working across all roles.

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?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Are services effective?

Good

The practice is rated as good for providing effective services. Data we reviewed before our inspection showed patient outcomes were at or above average for the locality. Clinicians referred to National Institute for Health and Care Excellence (NICE) guidance in their treatment of patients to ensure treatments prescribed followed recognised best practice. The practice had developed care plans for those patients most vulnerable to unplanned hospital admission. This included assessing patients' capacity to consent to treatment. Staff had received training appropriate to their roles and any further training needs had been identified, with time allocated to meet those training needs. There was evidence of appraisals and personal development plans for all staff. Staff worked effectively with multidisciplinary teams to uphold patient well-being.

Are services caring?

Good

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and that they were involved in decisions about their care and treatment. Patients who were parents of children registered at the practice, commented on the amount of useful information they were given in respect of illnesses experienced by their children. Parents found this valuable and said it helped address anxiety they had experienced about their children's health conditions. The practice had a policy on treatment and inclusion of vulnerable patients, particularly the homeless. The aim of the policy was to educate staff into seeing these "often invisible patients", and to ensure they had good access to the nurse and GP.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. The practice did not close during lunch hours and appointments were offered to patients throughout the day. The lead GP monitored the number of appointment requests made by patients to be seen by a female practitioner. This feedback had been used to schedule clinics

Summary of findings

run by a retained female GP, for half a day each week. Patients we spoke with said they were able to get a GP appointment within 24 hours of request. Those patients with children told us they were seen on the day if their child required this.

Are services well-led?

Good

The practice is rated as good for providing well-led services. Leadership from the GP and practice manager was visible and accessible. The practice nurse told us how she and other staff had been encouraged to take up further training and to increase their scope of duties. The nurse told us her access to a mentor within the locality and to the GP was excellent, and that she felt well supported. Other staff we spoke with told us their contribution to the practice performance was valued by the practice manager and GP, and that they felt a genuine sense of commitment to the practice and its patients.

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

Good

The practice is rated as good for the care of older people. The practice had identified those patients on its register who were over 75 years of age (approximately 150 patients). These patients had been invited to the see the GP who had drawn up a care plan, detailing each patient's condition and treatment. These patients had access to a named GP and had been given a direct dial number for that GP. The practice used a system of 'open access', whereby any of these patients would be able to see a GP on the day, if they needed to. Home visits were also available for those patients that were unable to visit the surgery. The practice nurse updated care plans with details of any nurse interventions and also visited patients at home, for example, to deliver annual flu vaccines.

People with long term conditions

Good

The practice is rated as good for care of people with long term conditions. The practice nurse delivered patient led disease management clinics, for long term conditions such as respiratory illnesses, diabetes and high blood pressure. We saw evidence of the practice nurse and GP working with community teams to maintain patient well-being, for example, in cases when patients could benefit from being referred to the community respiratory nursing team. This gave patients access to treatments overseen by a respiratory consultant, which also helped to prevent unplanned admissions to hospital.

Families, children and young people

Good

The practice is rated as good for care of families, children and young people. The practice worked closely with community clinicians and other professionals, for example midwives and health visitors, who delivered ante and post natal clinics to mothers and babies. The practice nurse also offered referral to and support with smoking cessation programmes and weight management.

Working age people (including those recently retired and students)

Good

The practice is rated as good for care of working age people and students. The practice acknowledged that it had been rated as having a slightly higher incidence of parents with children, attending the local accident and emergency unit to access what is considered primary care (that provided by GPs.) To address this, the practice had a policy of seeing any child under five years old on the same day. There was also a system of 'open access', for patients who may

need to be seen on the same day. The practice asked these patients to attend the surgery, when they would be fitted in, around other patient appointments. Telephone consultations were also available between morning and afternoon surgeries. We noted there were a number of patient information leaflets available in the waiting area, for patients to take away with them. Details of community support teams and initiatives were also well publicised on notice boards.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for care of patients whose circumstances may them vulnerable, for example homeless patients, or those with learning disabilities. We saw how the practice had worked with patients who had learning disabilities, to ensure that they were able to navigate their way through to adult care support, once they reached the age of sixteen. The GP at the practice had made appropriate contacts with organisations to ensure this happened without delay for a number of patients. The practice staff were knowledgeable on how to identify particularly vulnerable patients – for example those who may be homeless. Staff set up temporary patient records when necessary, to ensure that no person who was homeless was turned away from the practice, and could receive treatment.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for care of those patients with mental health conditions, including dementia. An initiative was in place at the practice, to encourage any patient or carer to find out more about dementia, what support was in place locally, and who they could speak to in order to access this. A dementia navigator visited the practice regularly and was available to patients and their carers without a pre-booked appointment. We also saw how families were supported through use of a recognised, professional cross agency Early Help Assessment Tool. (EHAT). This helped support families experiencing additional stresses, such as those brought about by poor mental health, and helped clinicians and external agencies work together for the good of the patient.

Summary of findings

What people who use the service say

We received 18 Care Quality Commission (CQC) comment cards which patients had completed before our inspection. All comments were positive. Patients particularly commented on the recent upgrade to the building, the dedication, friendliness and compassion of the staff, and the quality of service provided by the GPs and practice nurse. We were able to spend time with the Patient Participant Group (PPG). They told us Dr Syed and his staff valued their opinions and feedback explaining how they were invited to express their thoughts on plans for the modernisation and upgrade of the building. We were told that staff had spent a considerable amount of time consulting with patients who were wheelchair users and with other patients with limited mobility. Topics specifically covered were ways to increase ease of physical access whilst maintaining security.

The practice had commissioned an independent patient survey in 2014. Overall, 95% of patients had described their experience of their GP surgery as either excellent, very good or good. Some negative comments regarding the appearance of the building had been addressed in the refurbishment, completed in January 2015. The results of the independent survey above reflect the findings of the last NHS England GP Patient Survey which found that 93.3% of patients described their overall experience of their GP surgery as fairly good or very good. This is higher than the England average score, which is just 85%. The practice scored higher than England average scores across the NHS England GP Survey. For example, 85.95% of patients said the last time they saw their GP, they were good or very good at involving them in decisions about their care. The England average score was just 81.84%. Similarly, 92.3% of patients said their GP was good or very good at treating them with care and concern, as compared with the English average score of just 85.31%.

Patients we spoke to included older people, parents with young children, patients who were carers or otherwise employed and those with long term conditions and those recently retired. All patients said the service from the GPs, nurse and staff was very good.

Dr Onn Syed

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was made up of a CQC Lead Inspector and a GP Specialist Advisor

Background to Dr Onn Syed

Dr Onn Syed's practice is located in the Walton area of Liverpool. The premises have recently been modernised to provide three consultation and treatment rooms, a reception and waiting area and a small amount of car parking to the rear of the building. The building is fully compliant with the provisions of the Equality Act 2010, being wheelchair accessible and having all patient treatment areas on the ground floor. Toilet and baby changing facilities are also available. The practice patient register was approximately 2,300 at the time of our inspection. Services are delivered under a General Medical Services (GMS) contract.

GP services are delivered by Dr Onn Syed and one other, part time GP. Feedback from patients showed that one surgery each week, delivered by the part time female GP was enough to meet patients' requirements. A nurse is also employed by the practice, delivering disease management clinics, vaccinations and immunisations and support with weight management and smoking cessation. The practice has an active Patient Participation Group (PPG) who meet on a quarterly basis to raise any issues reported to them by patients.

Out of hours services are provided by Urgent Care 24 (UC24).

The practice sits within the County Ward of Liverpool, one of the most socially deprived areas of the city. Population in this ward has declined in recent years; latest figures available show that the population had decreased by 5.3% - equivalent to approximately 780 residents – since 2002.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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. The practice sent us a range of information for review before our inspection, such as current policies and procedures and recent clinical audits conducted. We carried out an announced visit on 16 April 2015. During our visit we spoke with a range of staff including the lead GP, the practice nurse, practice manager and other administrative support staff. We also spoke to seven patients and met with the Patient Participant Group (PPG). We received and reviewed 18 CQC comment cards completed by patients, expressing their views on the service.

Good

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and Medicines and Healthcare Products Regulatory Alerts (MHRA). Staff were aware of their responsibility to raise concerns and knew how to report incidents and near misses.

Staff were encouraged to report any safety incidents and these were discussed at weekly practice meetings. Minutes kept of these meetings confirmed this information.

The practice manager was knowledgeable on what should be reported, to whom and what follow-up action was required. The practice manager could demonstrate that they had access to on-line materials which could be used for guidance and training on this. Information from NHS England showed that the practice had a good track record in respect of patient safety.

Learning and improvement from safety incidents

The practice has a system in place for reporting, recording and monitoring significant events. We were shown two examples of how the practice had acted quickly to respond to incidents that could affect patient safety. In one example, we saw how the practice clinicians worked with community based professionals, following new guidance on who should be involved when a patient with learning disabilities transfers from childhood services provision to adult service provision. We saw how learning from this was shared at practice level and beyond, for example, at practice manager meetings within the clinical commissioning group. In the two examples we reviewed, we saw how the practice followed the incident through to its conclusion, for example, reviewing what steps were put in place by multi-disciplinary teams to protect patients health and welfare. Staff reported that this helped 'cement' learning and underline how their own vigilance helped keep patients safe.

Reliable safety systems and processes including safeguarding

The practice had policies in place in respect of child and adult safeguarding. Staff demonstrated their knowledge and understanding of safeguarding. They described what constituted abuse and what they would do if they had concerns. The practice manager held records to show that all safeguarding training was up to date, and that GPs and the practice nurse had completed training to the required level. A GP was the appointed lead on safeguarding. Staff told us if they were unable to speak to the GP about any safeguarding concerns, they would speak with the nurse, practice manager, or follow the flow chart available, showing who to contact within the local safeguarding team with their concerns. We were able to review an example of a safeguarding referral made by the practice, which demonstrated that staff were confident in doing this and committed to protecting vulnerable patients.

The practice had a chaperone policy in place and offered this service to patients should they require it. We saw posters advertising the service prominently displayed in waiting areas and consulting and treatment rooms. All staff had received training on chaperone duties, and all staff that may be required to provide this service had undergone enhanced background checks, through the Disclosure and Barring Service (DBS). DBS checks can help an employer decide whether a member of staff would be suitable for duties which involve them working with children or vulnerable adults.

Medicines management

The practice had procedures in place to ensure the safe handling, storage and administration of medicines. We checked the stock of vaccines held by the practice. We saw these were kept in a dedicated fridge, which was locked and located in a treatment room. A record was kept of daily fridge temperature checks. The fridge was alarmed so it would signal if the optimum temperature for storage of medicines was breached. The practice manger kept records to show stock delivered and rotated within the fridge. We looked at processes in place to manage vaccines that were taken out of the fridge by the nurse when doing home visits, for example to deliver flu vaccinations to patients that were housebound. We saw that vaccines were transported in a cool box. If any vaccine was returned to the practice, the time of the vaccine leaving the fridge was considered before returning to stock. When returned stock was placed back in the fridge, this was marked so that it would be used first.

Good

Are services safe?

Doctor's bags were available for GPs to take out on a visit. We checked these and found medicines were in date and suitable for use. When a bag was returned to the practice, the contents were checked by the practice manager and replaced using an inventory as a checking tool.

We made checks on emergency medicines. We saw these were stored securely but were accessible quickly to those people trained to use them. We saw all medicines were in date and suitable for use.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

The practice followed the CCG protocol for repeat prescribing which was in line with national guidance. Staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. We saw evidence to confirm that, after receiving an alert, the GPs had reviewed the use of the medicine in question and, where they continued to prescribe it outlined the reason why they decided this was necessary.

Cleanliness and infection control

The practice manager took the lead on infection prevention control. We saw that measures were in place to ensure that all parts of the practice were clean, tidy and suitable for use. Cleaning schedules were in place for the appointed cleaner/housekeeper to follow. Details of products to be used and instructions for this were also available. Regular audits conducted by the practice manager on a weekly and monthly basis, were in place to ensure infection control standards were maintained.

The practice manager and lead GP had used guidance from Public Health England, to help plan the new layout and design of the practice. Relevant guidance documents from the Health and Safety Executive had also been consulted when planning workspaces for the nurse, GP and staff. All treatment and consulting rooms were suitably equipped, being fitted with lever taps with sealed flooring. Soap and alcohol gel dispensers were wall mounted close to sinks, alongside paper towel dispensers. Sealed flooring was in place throughout the practice, which was easily cleaned. All worktops were sealed and formed 'to the wall' to prevent any build-up of bacteria. Foot pedal operated waste bins for clinical waste were in place and we saw that these were used appropriately. Contracts were in place to remove clinical waste and sharps bins. We saw that sharps bins were labelled with the date they were opened and were placed on surfaces were they would not be easily knocked over.

When we conducted a visual inspection of the building, we saw that all areas of the practice were very clean, tidy and that all rooms were free of clutter. Any samples brought to the practice by patients could be dropped into a sealed box, which was collected daily by a courier. Spill kits to deal with any spillage of bodily fluids were available in treatment rooms and within the reception area. Staff had been trained in the use of these and understood the importance of using personal protective equipment when dealing with any spillage. All consulting and treatment rooms were checked by the practice manager daily to ensure stocks of equipment and cleaning standards were maintained. Single use items used by the practice GPs and nurse for example syringes, were disposed of safely and contracts were in place to have clinical waste removed from the practice.

Legionella testing was carried out on a regular basis. The annual legionella check had been conducted in January 2015 and the certificate issued recorded that testing was next due in January 2017.

Equipment

We checked equipment at the practice. We saw this was clean, well maintained and suitable for use. Records showed that all equipment used for measurement, such as blood pressure cuffs and weighing scales had been recently tested and calibrated to ensure accuracy. All portable electrical appliances had been tested in January 2015 and contracts were in place for re-testing annually. We checked the treatment and consulting room that would be used by a locum GP if necessary, and found this to be equipped and maintained to the same standard as the rooms in regular use each week.

Staffing and recruitment

Good

Are services safe?

The practice had a recruitment policy in place. The most recently recruited member of staff was the practice nurse. We checked several staff files to see if the staff recruitment policy was effective and whether it was followed in practice.

We found when staff were interviewed, detailed notes of previous employment history had been taken and this was checked. Two primary forms of identification were kept on file, for example a copy of a passport, taken by the practice manager, and a birth certificate. Proof of address was also taken by way of utility bill. All staff files we checked contained two references from previous employers or from a previous employer which was supported by a character reference. Copies of qualifications and confirmation of up to date registration with a relevant professional body were held, for example in the case of the nurse, registration with the Nursing and Midwifery Council (NMC).

The practice demonstrated that the staffing levels and skill mix of GPs, nurse and support staff met the needs of patients and was sufficient to deliver services safely. The practice retained the services of a female GP for one surgery each week. Feedback from patients indicated that this was sufficient to meet patient demand.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see. The practice manager liaised with the health and safety lead within the CCG to keep up to date with any changes in working practices following reported incidents. The practice manager and nurse were able to share with us plans they had made for the new child immunisation clinics, which they would start to deliver from the end of April 2015, taking over this duty from health visitors. We saw that risk assessments and Patient Group Directives in relation to these clinics were also in place. These had been completed and signed off by the nurse and the lead GP. A Patient Group Directives (PGD) is a written instruction for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place which meant they could respond and act quickly in the event of an emergency or major incident. For example, in the case of damage to the practice by extreme weather, or in the event that staff would be unable to attend work. The practice had a buddy arrangement with another local practice, for extra desk space, staff cover and access to clinical items. This was detailed in the disaster recovery plan which was held by key staff members at their home address as well as at the practice.

In the event of a medical emergency, all staff had been trained in cardio-pulmonary resuscitation, (CPR), first aid and in the use of a defibrillator. We saw this training was refreshed annually.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Our discussions with the GP and nurse showed that staff completed thorough assessments of patients' needs in line with National Institute for Health and Care Excellence (NICE) guidelines, and these were reviewed when appropriate. The nurse was proactive and forward thinking in relation to protecting health of patients with long term conditions. For example, by providing six monthly reviews of all patients with conditions such as asthma and chronic obstructive pulmonary disease, to coincide with peak periods of hospital admission for these conditions, for example in winter, and for asthma sufferers who may be affected by higher pollen levels, during summer months. The practice had conducted reviews of the patient register to identify patients aged 75 years and over, as well as those vulnerable to unplanned hospital admission. We saw that each of these patients had been seen by the GP or nurse and had a care plan in place.

Management, monitoring and improving outcomes for people

The GP and nurse we spoke with clearly explained their approaches to treatment, and references to support care and treatment pathways. They were familiar with best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw minutes of practice meetings where new guidelines were disseminated and discussed. The GP shared an example that demonstrated how patients' needs were reviewed and assessed in line with updated guidance, and how monitoring patients through clinical audit had improved patient outcomes. Patients diagnosed with a heart condition had been invited to the practice to have their current medical needs assessed and to see if their condition could be better managed by moving to a new medication for treatment of a heart condition. To assess patient suitability for this change, a two cycle audit was carried out. The first cycle helped evaluate any individual risk to patients, and in the second cycle, patients' blood test results were reviewed to assess their suitability for the new medication. The initial test of effectiveness was measured in the Quality Outcomes Framework (QOF) results. This showed an improvement in the stability of patients' condition, from 68% to 86%. The practice had further audit cycles planned for this patient group to support these initial, positive findings.

The practice had an action plan in place to target areas of patient liaison and care that could be improved. For example, the GP and nurse had increased opportunistic interventions with diabetic patients' to ensure that this patient group needs were being met. This was done through timely health checks, such as monitoring of blood circulation, foot health, weight management and review of blood test results on a regular basis. The nurse was able to allocate longer appointment times for these patients to ensure all checks were completed and that sufficient time was available to patients to discuss their health condition. The lead GP had oversight and a good understanding of best treatment for each patient's needs.

Effective staffing

We reviewed staff training records and saw that all staff were up to date with mandatory training courses such as annual basic life support, infection control and safeguarding of children and vulnerable adults. The practice manager had training plans in place that meant even though the administrative support team was relatively small, staff had sufficient skills and experience to ensure all duties could be covered. We saw that there was enough qualified and experienced staff in place to deliver services safely and effectively.

The practice retained the services of a female GP for one afternoon session each week. As practice patient numbers increased, the amount of appointments available with this GP was reviewed to ensure it met the needs of patients who wanted to see a female GP.

We looked at the training and development of the practice nurse, and how this was aligned to the needs of the patients of the practice. The nurse had recently undergone training to deliver childhood vaccines and immunisation programmes. This had always previously been delivered by health visitors. We saw that the nurse had received formal training and that mentoring and support, to include clinical supervision had been organised.

Practice staff were encouraged to take up training to help them understand the needs of patients. We saw that staff

Good

Are services effective?

(for example, treatment is effective)

had received suicide awareness training and had attended sessions on understanding dementia. Staff we spoke with told us they felt supported and that they could respond with confidence to patients' needs.

Working with colleagues and other services

The practice worked with other service providers to ensure that all patient information was recorded accurately and quickly, for example, blood test results, X ray results, discharge summaries and feedback from out-of-hours GP services. Staff could confidently explain the system in place that ensured the GPs and nurse had sight of these results and communications, and how any follow up action would be initiated.

The practice worked with a number of clinicians based in the community. For example, the community respiratory team. This team worked to support patients experiencing increased acute symptoms of their illness, and to help stabilize their condition quickly. Patients, whose condition had been unstable for a period, were referred to this specialist team. Under the care of the nurses from the respiratory team, patients could be referred for an immediate consultation with a specialist consultant. This had been effective in keeping patients out hospital, through early intervention from specialist teams. The lead GP acknowledged that the leading cause of hospital admission amongst practice patients was respiratory illness. To contribute to this work, the GP and nurse offered 'open access' appointments to these patients, and strategically timed health checks to prepare patients for winter and summer conditions that can impact on their health.

Information sharing

The practice had protocols in place for the sharing of information with out of hours services. Updates on particular patients, such as those receiving end of life care, were shared electronically at the end of each working day. A designated member of staff maintained a register for those patients receiving end of life care which ensured information on things such as a patients preferred place of care at end of life, was shared with those involved in providing end of life care.

The practice manager was able to show us how records of patients who were subject to a safeguarding plan were highlighted. We asked how the out of hours service would be able to see this information as it was unclear how much of the patient record they could access. The practice manager confirmed that any records of patients subject to a safeguarding plan, had this recorded in the patient summary sheet, which was confirmed as being viewable by out of hours practitioners.

We looked at systems in place at the practice to support timely information sharing between hospitals and the practice. Staff were confident on how incoming correspondence, in electronic or paper form, should be actioned. We saw that requests for patients' notes were dealt with each day, so no patients' treatment would be delayed. Links in place on the practice computer to patient referrals, ensured copies of recent blood test results, x-rays or scans were also sent with any patient referral. The effective and efficient management of the administrative work of the practice contributed to patient safety and effective referral between care providers.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Act 1989 and 2004 and their duties in fulfilling meeting the requirements of this legislation. Staff we spoke with understood the key parts of the legislation and were able to describe how they implemented this in their practice.

The area of special interest of the lead GP was mental health. Both the lead GP and the nurse were up to date with training on the Mental Capacity Act 2005, The Children's Act 1989 and 2004 and Gillick competency and were able to demonstrate their understanding of this.

Both the nurse and lead GP referred to communications with patients as being in an age appropriate way, and understood the importance of ensuring patients had enough information in a format that met their needs, which helped them make informed decisions.

The practice nurse showed us how consent was obtained when delivering vaccinations, for example, annual flu vaccinations. Consent was recorded as having been given verbally for each intervention, and recorded on computer records. When delivering any vaccinations to patients with learning disabilities, the conversation was recorded with details of how the nurse had confirmed the patients understanding. We saw that additional communication tools were available for use when appropriate, for example easy read charts that explained in simple terms what any clinical intervention would involve.

Good

Are services effective?

(for example, treatment is effective)

Health promotion and prevention

All patients registering with the practice were offered a full health check with the nurse or GP. Those patients diagnosed with long term conditions were added to the appropriate register to ensure they received timely reviews of their health and medications. The nurse held clinics to review patients receiving hormone replacement therapy (HRT). These interventions were used positively by the nurse to encourage women to carry out regular breast checks. All patients with respiratory conditions were seen regularly by the nurse and issued with 'rescue packs'. These were made up of emergency medicines for use in the event of an exacerbation of the patient's condition, for example a course of antibiotics and medicines administered by inhalers.

The practice had performed well in immunisation of children and infants against disease. Figures showed the practice had delivered immunisations to more children than other practices within the CCG.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We received and reviewed 18 completed CQC comment cards. All comments were positive about the service received by patients. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. We also spoke with seven patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. All patients we spoke with commented particularly on the continuity of care they had received over a number of years, and how much they valued this. One patient commented that they felt privileged to be treated by such a caring GP and nurse.

All treatment rooms had curtains round treatment couches to ensure patient privacy. We saw that all consultation room doors were closed when patients were with a GP and that conversations could not be overheard.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us their health issues were discussed with them and 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 they wished to receive.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patents this service was available.

Data we reviewed before our inspection, taken from the last NHS England GP Survey, showed that the number of patients who felt involved in decisions about their care and treatment, was higher at the practice than other practices nationally – 85.95% as opposed to 81.84% nationally. Also, 93.33% of patients of the practice rated their overall experience of their GP surgery as being fairly good or very good. Nationally, practices only scored 85.76% in response to this question. Patients told us that GPs and nurses at the practice were very helpful in providing information about their particular condition and steps they could take to improve their overall health.

Patient/carer support to cope emotionally with care and treatment

The practice kept registers of those patients who were also carers. These patients were invited for annual health checks and offered longer appointments to check their own health care needs were met. We saw that notice boards were checked regularly to ensure information available to patients on various community support initiatives, were kept up to date and that sufficient leaflets were available for patients to take away with them. The practice had a dementia care navigator, who visited the practice every six weeks. This person would sit in the reception area and provide information and details of practical support to those patients that were carers of people with dementia. The practice manager said this had been a worthwhile initiative and encouraged openness when seeking help to care for relatives with dementia. All staff had attended dementia awareness courses and were badged 'Dementia Friends'.

We spoke with several patients who were also parents of very young children. Parents told us that GP support for them as parents of sick children was excellent. They told us the GP and practice staff gave them as much information about their children's condition as possible, and that this helped them feel informed and more able to manage their child's care and treatment regime.

Patients we spoke with who had mental health conditions told us the lead GP had been particularly supportive and had helped them access other services that contributed to their full recovery. These patients spoke about how highly they valued the continuity of care they received, and identified this as a key contributor to their recovery.

Practice staff offered patients who had been bereaved, information leaflets and booklets that gave practical advice on what steps they must take to register a death, and who they could contact within the community to offer support, such as bereavement counselling. Patients we spoke with told us staff had helped them through bereavement by

Good

Are services caring?

signposting them to services that were able to offer practical help, for example, on how to cancel a person's passport or how to notify a benefit office of a person's death.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had an active Patient Participant Group (PPG). We met with the group as part of our inspection. The group told us they had been consulted on how the building should be renovated and the planned layout of the building. We saw in minutes of a meeting following the consultation that a patient had requested that a hearing loop be made available at the practice. The group told us they were listened to and that the fully modernised building meets their needs and provides a secure setting for delivery of patient services. There is now a hearing loop service available to those patients with hearing difficulties.

The practice regularly reviewed the number of requests from patients for appointments with a female GP. At the time of our inspection, the practice retained the services of a female GP who provided a surgery on one afternoon each week. This gave sufficient appointments to meet the demands of patients that wished to be seen by a female GP. When we spoke to patients, they told us they had good access to their GP of choice.

Tackling inequity and promoting equality

All staff we spoke with were aware of the differing needs of each population group and that access to services for all patients should be fair and equitable. Staff were able to explain what the term equality and diversity meant and we saw from training records that all staff had completed equality and diversity training. Staff were knowledgeable about the health problems experienced by homeless patients and had received awareness training from the lead GP on how to spot homeless patients. The practice had a policy for treatment of homeless patients and was informative on how staff could ensure their behaviour did not present barriers to treatment for some patients. Staff were committed to increasing access to primary health care for these patients. For example, practice staff had received coaching and instruction from the lead GP, on how to spot vulnerable patients, particularly those who may be homeless. Practice staff could describe how surveys showed that attitudes of staff could prevent homeless people seeking primary care, and how these patients can become 'invisible'. All staff were committed to ensuring that these patients had access to healthcare, and were treated with compassion and dignity.

The practice staff told us the majority of patients spoke English and that the requirement for interpreter services was low. Staff recognised that patients' who brought a translator with them, may not be able to talk freely to a GP or nurse about their medical condition and acknowledged that this could raise some safeguarding concerns in the case of more vulnerable patients. For example, where non-English speaking patients were workers in the sex trade. The practice staff had access to a vulnerable patients' policy and guidance issued by the Royal College of General Practitioners, on patients who may need more support when accessing GP services. We found staff were able to describe how they would offer support to these patients to ensure they had safe and confidential access to care and treatment.

Access to the service

The practice opening hours were from 8.00am to 6.30pm, Monday to Friday. The lead GP was available throughout the week, delivering nine consultation sessions, between Monday and Friday. The GP was supported by one regular female locum GP who provided a surgery on Tuesday mornings, whilst the permanent female GP had been on maternity leave. Feedback from patients on comment cards and from patients we spoke with confirmed that this was sufficient to meet the needs of patients. The practice nurse led disease management clinics, on Monday, Wednesday and Thursday between 9.00am and 6.30pm each day.

The practice held a meeting to discuss results from the 2014 practice patient survey. An action plan for key areas for improvement was drawn up. The practice reported back to the PPG on the progress of the action plan. On-line appointments had been made available and patients were slowly moving over to using this system to book routine appointments. This had impacted on telephone waiting times, of patients who were trying to get through to the practice. Recent survey results from the NHS England GP Patient Survey showed that 91% of patients had reported they got through to the practice easily by telephone, compared to just 72% of patients who answered this question in the 2014 practice survey. The practice worked hard to ensure that parents with children had good access to services. The practice had a higher rate than expected, of patients using the local accident and emergency department to access primary care. The rate of attendance had started to reduce by February 2015, and GPs and

Good

Are services responsive to people's needs?

(for example, to feedback?)

nurses attributed this to the 'open access' appointments for parents with children and those with long term conditions. This initiative meant these patients would be seen on the day, by fitting them in around pre-booked appointments.

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 at the practice.

The practice manager recorded all complaints. We saw that any complaints received were acknowledged by the practice and were investigated in line with the practice complaints policy. The number of complaints received was very low. We checked with patients their understanding of how they could raise concerns or make a complaint, and how accessible the complaints procedure was to them. All patients we spoke with and members of the PPG told us they knew how to make a complaint and named key staff members at the practice they would address any concerns to. The practice manager and the lead GP had discussed at practice meetings, how verbal complaints could be recorded and logged, recognising that by doing this any recurring themes could be identified and addressed. One particular example we saw of this was discussion at practice meetings of the effect some 'open access' appointments for particular patient groups could impact on morning surgeries, and whether these could be moved to afternoon sessions. Work was still on-going to see if this could be achieved.

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 of how it should seek to provide services to patients. The mission statement of the practice was "To provide and pursue the best care available under the NHS for our patients." The practice had a strong ethos which staff embraced and showed their commitment to, ensuring all patients had access to care and treatment from the practice.

The practice was led by one GP. The area surrounding the practice has experienced a drop in population in the past 10 years. However, the patient list of the practice has increased in that time, from approximately 1,900 to approximately 2,300. The practice staff recognised that this could be due to a number of external factors, but believed that their commitment to ensuring patients received high quality care from a team that was committed, was also a factor.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on a shared drive on the practice computer system. We saw that these policies were reviewed and updated when necessary.

When we reviewed staff records we found all staff had received a copy of their job description explaining their role and responsibilities. We saw that there was a clear reporting structure for staff to follow. Regular performance reviews for staff were in place and all staff had received annual appraisals.

The practice used data from a number of sources to monitor performance, for example data from the Quality Outcomes Framework (QOF) and data from the clinical commissioning group, available to GPs on the Mersey Portal system. The practice lead GP and practice manager attended all neighbourhood meetings and staff were given access to educational events held locally.

Leadership, openness and transparency

The practice was led by the lead GP and practice manager. Staff told us leaders were accessible and approachable. We saw the practice held regular practice meetings were all staff were kept up to date on operational and performance matters. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. Staff commented that relationships were supportive and encouraging and told us they felt valued and appreciated by their leaders.

The practice had a whistle blowing policy in place. Staff we spoke with understood what the term whistle blowing meant and could refer to the policy and describe actions they would take if they felt the need to act as a whistle blower.

Practice seeks and acts on feedback from its patients, the public and staff

The practice commissioned an annual patient survey to gather feedback from patients. We saw that the results for this had been collated and discussed with the Patient Participation Group (PPG). An action plan for focussing on specific areas had been drawn up and shared with the PPG. We also noted that update and progress reports were produced and shared, which the PPG felt demonstrated the practice commitment to involvement of patients and genuinely responding acting on their feedback. The practice was also developing ways of logging any minor complaints made by patients, and recording these to check for any trends. One example we saw that had been discussed was the effect of 'open access' appointments on waiting times for patients attending for pre-booked appointments. No complaints had been made about this but some feedback had been received through the patient survey and the PPG. As a result of this the GP was looking to have open access appointments in the afternoons rather than at morning surgeries.

Management lead through learning and improvement

The practice actively encouraged staff to seek learning opportunities and was supportive of requests for further training and development. We saw that the nurse had attended various training events locally and took part in all neighbourhood practice meetings. As the nurse would be taking on responsibility for delivery of childhood vaccinations and immunisations, time had been given for the nurse to organise and structure specific clinics, for example determining how long each patient appointment would be, how many appointments would be available each day, communication with patients and parents, and

Are services well-led?

Good

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

plans in place for mentoring and support at the beginning of each vaccination programme. The nurse had discussed plans for further development with the long term goal of studying to be a nurse prescriber.

The lead GP at the practice spoke of succession plans in place and the future direction of the practice, for example, by moving from being a sole handed GP practice to becoming a partnership in the near future. The GP could evidence how his own continuous professional development had been managed and annual appraisal arrangements. The GP was re-validated in January 2015.