

Stanley Road Medical Centre

Quality Report

60 Stanley Road

Kirkdale

Liverpool

L5 2QA

Tel: 0151 2071076

Website: [www.ssphealth.com/our-practices/
stanley-road-medical-centre](http://www.ssphealth.com/our-practices/stanley-road-medical-centre)

Date of inspection visit: 11 August 2015

Date of publication: 08/10/2015

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?

Outstanding



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8
Areas for improvement	8
Outstanding practice	8

Detailed findings from this inspection

Our inspection team	9
Background to Stanley Road Medical Centre	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stanley Road Medical Centre on 11 August 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 to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and lessons learnt disseminated.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients were treated with care, compassion, dignity and respect and they were involved in their care and

decisions about their treatment. They were not rushed at appointments and full explanations of their treatment were given. They valued their practice and rated it highly for patient satisfaction.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with routine and urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw an area of outstanding practice:

- The practice staff had worked at the practice for a long period of time providing continuity in care and individuality with patients being well known to the practice. There was a high level of satisfaction with the

Summary of findings

care and patient experience as a whole. Results from the recently published National Patient Survey (July 2015) were exceptionally high and significantly above local and national data. Patients we spoke with and comment cards reviewed confirmed this high level of satisfaction with the care given by the practice staff.

There was an area where the provider could make improvements and they should:

- Ensure that national patient safety and other relevant alerts and guidance is followed and actions taken recorded.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely 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. Safeguarding, medicines and infection control risks were managed safely.

Good



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 referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as outstanding for providing caring services. Data showed that patients rated the practice significantly higher than other practices both locally and nationally for all aspects of care. Feedback from patients about their care and treatment was consistently and strongly positive. Patients said they were treated with care, 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. There was a strong patient-centred culture. Staff were motivated and inspired to offer kind and compassionate care.

Outstanding



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 (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with routine and

Good



Summary of findings

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.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. 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 team/practice meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. Staff had received inductions, regular performance reviews and attended staff meetings and learning events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and extended appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice maintained and monitored registers of patients with long term conditions for example cardiovascular disease, diabetes, chronic obstructive pulmonary disease and heart failure. These registers enabled the practice to monitor and review patients with long term conditions effectively. Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. Patients had a named GP and a structured annual review to check that their health and medication 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.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. 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. 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 and health visitors.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected 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. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It was able to signpost vulnerable patients and their carers to access various support groups and voluntary organisations. 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.

Good



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). 100% of people experiencing poor mental health had received an annual review and health check. 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 with 84% of patients having an agreed care plan in place.

The practice was able to signpost patients experiencing poor mental health to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2015 showed the practice was performing significantly higher than local and national averages. There were 106 responses which represented a 28% completion rate for surveys sent out and 3% of the patient list.

- 99% find it easy to get through to this surgery by phone compared with a CCG average of 75% and a national average of 73%.
- 98% find the receptionists at this surgery helpful compared with a CCG average of 88% and a national average of 87%.
- 82% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 59% and a national average of 60%.
- 91% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.
- 98% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.

- 97% describe their experience of making an appointment as good compared with a CCG average of 75% and a national average of 73%.
- 83% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 62% and a national average of 65%.
- 87% feel they don't normally have to wait too long to be seen compared with a CCG average of 59% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were all positive about the standard of care received. All patients we spoke with and comments reviewed were extremely positive about the practice, the staff and the service they received. They told us staff were caring, and compassionate and that they were always treated well with dignity and respect. They told us they were given time at appointments, listened to and felt valued. They said their needs were always responded to, they felt very lucky to have such a practice and they always received a first class service.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that national patient safety and other relevant alerts and guidance is followed and actions taken recorded.

Outstanding practice

- The practice staff had worked at the practice for a long period of time providing continuity in care and individuality with patients being well known to the practice. There was a high level of satisfaction with the care and patient experience as a whole. Results from

the recently published National Patient Survey (July 2015) were exceptionally high and significantly above local and national data. Patients we spoke with and comment cards reviewed confirmed this high level of satisfaction with the care given by the practice staff.

Stanley Road Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector and included a second CQC inspector, a GP specialist advisor and a specialist advisor who was a practice manager.

Background to Stanley Road Medical Centre

Stanley Road Medical Centre is registered with the Care Quality Commission to provide primary care services. It provides GP services for approximately 3200 patients living in Liverpool. The practice is situated in a purpose built health centre. The practice has two male GPs (with a vacancy for a third GP), a practice management team, practice nurses, administration and reception staff. Stanley Road Medical Centre holds an Alternative Provider of Medical Services (APMS) contract with NHS England.

The practice is open during the week, between 8am and 6.30pm. Patients can book appointments in person, via the telephone or online. SMS text messaging is available for cancellation of appointments. The practice provides telephone consultations, pre bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of Liverpool Clinical Commissioning Group (CCG) and is situated in an area of high deprivation. The practice population is made up of a slightly higher than national average older population. Sixty nine percent of the patient population has a long standing health condition and there is a higher than national average number of unemployed patients.

The practice does not provide out of hours services. When the surgery is closed patients are directed to phone NHS 111 or the local out of hours service provider (UC24) for help.

Why we carried out this inspection

We inspected this service as part of our new 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. 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 (Regulated Activities) and Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

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?

Detailed findings

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
- Working age people (including those recently retired and students)
- People living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before our inspection we carried out an analysis of the data from our Intelligent Monitoring system. We also reviewed

information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas.

We reviewed all areas of the practice including the administrative areas. We sought views from patients face-to-face, looked at survey results and reviewed comment cards left for us on the day of our inspection. We spoke with staff and patients at the practice on the day of our inspection.

Are services safe?

Our findings

Safe track record

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. Staff told us there was an open and 'no blame' culture at the practice that staff were encouraged to report adverse events and incidents. All complaints received by the practice were entered onto the system, analysed and addressed. The practice carried out an analysis of the significant events and reviewed them annually to identify themes and trends.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

Safety was monitored using information from a range of sources, including National Patient Safety Agency (NPSA) and NICE guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. National patient safety alerts were disseminated by the practice manager to relevant staff. We saw evidence of the recent guidance on Ebola displayed in the practice. (Ebola is a contagious viral infection causing severe symptoms and caused an epidemic in West Africa). However we found that the recent alert regarding the safe use of window blinds had not been actioned. The provider told us this would be actioned straight away.

Overview of safety systems and processes

The practice could demonstrate its safe track record through having risk management systems in place for safeguarding and health and safety including infection control, medication management and staffing.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and policies were accessible to all staff. Staff had access to contact details for both child protection and adult safeguarding teams displayed around the offices and rooms. There was a lead member of staff for safeguarding. The GP lead had not attended safeguarding meetings however we saw evidence that demonstrated the practice provided reports where

necessary for safeguarding case conferences and to other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice was displayed in the waiting room, advising patients that chaperones were available, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- 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 displayed for staff. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. 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 practice had carried out Legionella risk assessments and regular monitoring occurred.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice maintained patient safety (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG and the corporate medicines management teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out. We looked at one recently employed staff members file and this showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration

Are services safe?

with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice satisfied themselves that locum GPs used were also suitable to work at the practice. Clinical staff's professional registration with the General Medical Council (GMC) and the Nursing Midwifery Council (NMC) were monitored and checked regularly. GPs were checked to ensure they were suitable to work in their role and that they were on the NHS England Performers List.

- 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. Staff covered for each other during absences and locum GPs were used from a bank of familiar, regular locums in the absence of the full time permanent GPs and to cover the part time vacancy.

Arrangements to deal with 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 an automated external defibrillator (AED) 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. Staff were fully aware of the business continuity plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with NICE best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. Latest guidance and medical evidence was disseminated through the team by various means such as newsletters, meetings and update training. The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records and referrals.

Services provided were tailored to meet these needs. For example long term condition reviews were conducted in one extended appointment to cover multi pathology so that all the patients tests/results and treatments were reviewed and delivered at the one appointment. The practice used coding and alerts within the clinical electronic record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record. For example, patients on the 'at risk' register and palliative care register. The GPs used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital and the referrals were monitored to ensure an appointment was provided within two weeks.

Patients' consent to care and treatment was always sought 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. Written consent was always obtained for minor procedures such as joint injections.

Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, 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 local health trainer was available at the practice weekly to support and advise patients in healthy living. The practice also provided Exercise on Prescription service to encourage healthy lifestyles for their patients.

The practice's uptake for the cervical screening programme was 78%, which was slightly lower than the national average of 81%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice was proactive in encouraging patients to attend for bowel screening and as a result they had seen a doubling in the uptake of bowel screening for their patients.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 88% to 100% and five year olds from 87% to 96%. Child non-attenders were always followed up and as a consequence this year had seen an increase in uptake of all childhood immunisations. Flu vaccination rates for the over 65s were 62%, and at risk groups 73%. These were above the national averages.

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

Coordinating patient care

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 test results. Information such as NHS patient information leaflets were also available.

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 on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings for patients coming towards the end of their lives took place on a bi monthly basis and that care plans were routinely reviewed and updated.

Are services effective?

(for example, treatment is effective)

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 91.4% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed

- Performance for diabetes related indicators was similar to the national average.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average
- Performance for mental health related indicators was similar to the national average.

The practice monitored its performance on a monthly basis against key performance indicators which included some QOF indicators. The practice used a QOF diary, a tool by which they monitored and recalled patients with long term conditions who needed reviews. They also benchmarked their performance against other local practices and practices within the same organisation.

Clinical audits were carried out and all relevant staff were involved to improve care and treatment and people's outcomes. There had been two clinical audits completed by the practice GPs in the last two years, one of these was a

completed audit where the improvements made were checked and monitored. The second was due to be re audited shortly. The practice also participated in applicable local and corporate audits, national benchmarking and peer review. Findings were used by the practice to improve services. For example, recent action taken as a result of one audit meant that patients at risk of oesophageal cancer had been offered hospital specialist appointments to be tested.

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 fire safety, health and safety and confidentiality.
- 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 on-going support during sessions, one-to-one meetings, appraisals 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, infection control, equality and diversity, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and training events.



Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous, friendly and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All of the 18 patient CQC comment cards we received were extremely positive about the service experienced. Patients told us the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with four patients including one member of the PPG on the day of our inspection. They also told us they were extremely satisfied with the standard of care provided by the practice and said their dignity and privacy was respected. Patients told us they felt very lucky to have such a good caring practice. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Patients told us that staff knew them personally, knew their medical conditions and would always ensure they were given a same day appointment if they were unwell due to their long term condition. Patients were also fitted in with a convenient, usually same day appointment even if it wasn't urgent. Comments also told us that staff listened to them, provided them with options of care pathways and gave appropriate advice and treatment for their specific condition. Patients told us that they received such good care and attention by the practice that they would not move out of the area as they did not want to change practice. Patients with long term conditions, vulnerable patients and those with children told us they were given excellent care, were listened to and time given to them. They said the practice was very patient focussed and they were made to feel valued as a patient. Staff had received training in dementia awareness and several staff were enrolled as 'Dementia Friends'.

Patients who need extra help or support when attending the practice were highlighted on the computer system such as those with hearing difficulties or partially sighted and

staff were ready to help them as they arrived. Elderly patients often arrived early for their appointments due to social isolation. Patients were offered a hot drink and staff were able to sit and chat with them and offer companionship. Staff often delivered prescriptions personally to patients who had difficulty obtaining their medication. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and they could offer them a private room to discuss their needs. Notices and leaflets in the waiting room told patients how to access a number of support groups and organisations. 98% of patients responding to the National GP Patient Survey published in July 2015 said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

The practice's computer system alerted GPs if a patient was also a carer and patients told us they were well supported if they were also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them.

Results from the National GP Patient Survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice had recently been ranked third best practice in Merseyside in the recent National GP Patient Survey with an overall excellent ranking of 133 out of 7900 practices in England. All of the responses to the questions asked were much higher than local and national average.

For example:

- 96% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 96% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 95% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.

Care planning and involvement in decisions about care and treatment



Are services caring?

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 96% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 95% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area.

There was not a fully active PPG however the practice was continually striving to recruit and enable an effective group to operate. There was one member currently of the group and we spoke to them on the day of inspection, other patients we spoke to were so enthused by the care they received that they signed up to the PPG on the day of the inspection. The practice carried out patient surveys and encouraged comments and concerns to be raised by patients and staff with information around the practice advising how they could do this.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a learning disability.
- There were longer appointments available for people with multiple diseases/conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and large print information.
- Smoking cessation and health promotion services were provided in house.
- There was an antenatal clinic held at the practice every two weeks with the community midwife in attendance.
- Online booking of appointments and ordering of repeat prescriptions with text to cancel facilities to cancel an appointment if no longer needed.
- Access to translation service for patients whose first language was not English.

The practice had a dedicated Mental Health Primary Care Practitioner who was available and regularly attended the practice for advice and guidance. The practice routinely provided equality and diversity training for its staff.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. The practice had ceased providing appointments after 6.30pm as they had established there was not a need for these within the patient population it served. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available and many routine appointments were also available on the same day.

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. For example:

- 95% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 99% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 97% patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.
- 83% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

There were two male GPs working at the practice on a permanent basis. There was a part time GP vacancy which was covered to include a weekly session by a regular female locum GP to offer patients a choice.

Listening and learning from concerns and complaints

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

We saw that appropriate information was available to help patients understand the complaints system including a comment and complaints leaflet, a summary complaints procedure leaflet and information displayed in the reception area. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at one verbal complaint that had been made in the last 12 months and found that this had been recorded

Are services responsive to people's needs?

(for example, to feedback?)

formally as a complaint and handled appropriately with satisfactory outcomes. They reviewed complaints annually to identify themes and trends and to improve patient experience.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the practice information leaflet and staff knew and understood the values.

Governance arrangements

The practice had an overarching governance policy which outlined the structures, policies and procedures in place

Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice specific and corporate policies that were implemented, staff were familiar with and that they could all access.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- Systems for monitoring performance against national and local targets including QOF and benchmarking against key performance indicators.

- A programme of audits based on local, national and corporate priorities which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' and staff feedback through surveys, face to face discussions, appraisals and meetings. Acting on any concerns raised by both patients and staff.
- The GPs were all supported to address their professional development needs for revalidation and all staff in appraisal and continuing professional development. Staff had learnt from incidents and complaints.
- Arrangements for identifying and managing risks such as fire, security and general environmental health and safety risk assessments.

Innovation

The practice team was forward thinking. For example they followed up nationally sent out bowel screening letters with a personalised letter directed at the patient group. They had found this had doubled the up take in the bowel screening programme for their patients.