

# Lime Grove Surgery

## Quality Report

Haydock Medical centre  
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St Helens  
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Website:

Date of inspection visit: 10 March 2015  
Date of publication: 14/05/2015

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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lime Grove Surgery on 10 March 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 addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered in line with best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

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

Importantly the provider should

- Ensure legionella testing is undertaken or a risk assessment is completed.
- Ensure that action plans are developed and monitored when serious events and patient complaints take place. A clear audit trail of the steps taken and the decisions reached and the actions to be taken should be implemented.
- Ensure all staff undertake vulnerable adult safeguarding training

# Summary of findings

**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 although improvements were needed in developing action plans. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. Medicines 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 National Institute for Health and Care Excellence and used it routinely. Patient's 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 good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### 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 urgent appointments available the same day. The practice had good

Good



# Summary of findings

facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.

## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy, though this was not formally documented. There was a clear leadership structure despite there being many changes to the GP partners over recent times. Staff felt supported by management. Regular practice meetings took place though it was felt that a clinically led meeting might improve the supervision opportunities for all clinical staff. The practice had a number of policies and procedures to govern activity. 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 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. They provided annual health checks for all patients over 75 years. The practice had identified a list of older patients who were assessed as having complex needs. The practice had drawn up care plans for these patients and was in the process of reviewing them either opportunistically or by invitation. 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. The practice also undertook health assessments of patients with caring responsibilities. It was responsive to the needs of older patients, and offered home visits and rapid access 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. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice has a robust recall system for patients with long term conditions. Longer appointments and home visits were available when needed. All these 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. The practice offered same day appointments for all children when ill. 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. This included children and young adults with an alcohol related admission to hospital. 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, health visitors and school nurses.

Good



# Summary of findings

## Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The practice did not offer extended opening hours for working patients but they did offer online repeat prescribing of medicines and they had recently started online booking of GP appointments. The practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group.

Good



## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including learning disabilities patients who lived in residential home nearby. Annual health checks for these patients were carried out. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. 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). They had a risk stratification and case finding tool to identify high risk patients who may benefit from dementia screening and referral to memory clinics. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. The practice also worked closely with the local community mental health team.

Good



# Summary of findings

## What people who use the service say

We received 27 completed patient CQC comment cards and spoke with 5 patients who were attending the practice on the day of our inspection. We spoke with people from different population groups, including patients with different physical conditions and long-term care needs. The patients were complimentary about the staff and GPs. They told us that practice staff were caring, getting an appointment was easy and the GPs had the time to listen to patients. Patients told us the practice had compassionate staff, they were courteous, respectful and helpful and mostly they felt they received good care.

The National GP Patient Survey showed that 96% of patients said the last nurse they saw or spoke to was good at treating them with care and concern. It reported that 96% of respondents said the last nurse they saw or spoke to was good at giving them enough time and 94% of respondents say the last nurse they saw or spoke to was good at explaining tests and treatments. The areas where responses fell below the Clinical Commissioning Groups (CCG) average related to finding it easy to get through to this surgery by phone, getting an appointment with a preferred GP and describing their experience of making an appointment as good.

## Areas for improvement

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

- Ensure legionella testing is undertaken or a risk assessment is completed.
- Ensure that action plans are developed and monitored when serious events and patient complaints take place. A clear audit trail of the steps taken and the decisions reached and the actions to be taken should be implemented.
- Ensure all staff undertake vulnerable adult safeguarding training

# Lime Grove Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead Inspector and included a GP and a specialist advisor who was a Practice Manager.

## Background to Lime Grove Surgery

Lime Grove Surgery is registered with the Care Quality Commission to provide primary medical services. The practice holds a Primary Medical Service (PMS) contract within the centre of St Helen's. The practice operates from two locations, a main surgery in St Helens and a branch surgery also in St Helens. Doctors and practice staff work at both locations across the week. This inspection took place at the main location within the Haydock Medical Centre building. The practice has a complete primary health team consisting of four GP partners, two locum GPs, two practice nurses, reception secretarial and administration staff. The practice has a lead GP partner with a total of five GPs working there.

The practice is part of St Helen's Clinical Commissioning Group (CCG). The practice is situated in an area with high deprivation. The practice population has a higher than national average patient group aged 65+ years and there are higher deprivation scores for older patients compared to national figures. Sixty per cent of the patient population has a long standing health condition, whilst 55% have health related problems in daily life. There is a slightly lower than national average number of unemployed.

The practice is open Monday to Friday from 8.45am to 5.30pm with no extended hours as part of their PMS

contract. Patients can book appointments in person, online or via the phone. 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 medical services.

From data we reviewed as part of our inspection we saw that the practice outcomes are in line with those of neighbouring practices within the area. The practice keeps up to date registers of those patients with learning disabilities, mental health conditions and those in need of palliative care. Multi-disciplinary team meetings were in place to support these patient groups.

The Out of Hours service is provided by the St Helens ROTA.

## 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?

# Detailed findings

- 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
- 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. We carried out an announced inspection on 10 February 2015.

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 CQC comment cards left for us on the day of our inspection.

We spoke with the practice manager, registered manager, GP partners, practice nurses, administrative staff and reception staff on duty. We spoke with patients who were using the service on the day of the inspection.

We observed how staff handled patient information, spoke to patients face to face and talked to those patients ringing the practice. We explored how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service. We also talked with carers and family members of patients visiting the practice at the time of our inspection.

# Are services safe?

## Our findings

### Safe track record

The practice used a range of information to identify risks and improve quality in relation to patient safety. For example, reported incidents, national patient safety alerts as well as comments and complaints received from patients. Staff were encouraged by the management team to share information when incidents and untoward events occurred. They were clear that the practice manager and GP would be notified when events occurred. Reports from NHS England indicated the practice had a good track record for maintaining patient safety.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events and safety incidents. Records were kept of significant events that had occurred during the last twelve months and these were made available to us. Staff reported an open and transparent culture when accidents, incidents and complaints occurred. Staff were trained in incident and accident reporting and they were engaged in the process of reporting incidents. They told us they felt confident in reporting and raising concerns and felt they would be dealt with appropriately and professionally. Of the events we reviewed, we were satisfied that appropriate actions and learning had taken place. We saw that an annual review of all serious events was undertaken in October 2014. Minutes showed that incidents were discussed fully with all staff but improvements were needed to show what immediate actions were taken, how action plans would be developed and who would have the responsibility for monitoring them. All incidents were discussed at practice meetings. We tracked eight incidents and saw records were completed in a comprehensive and timely manner.

The practice had a process for monitoring serious event analysis (SEA) and when required these were reported to the local Clinical Commissioning Group (CCG). We saw examples of this. Staff received alert notifications from national safety bodies via email and by hand so all relevant staff were aware of these.

From the review of complaint investigations held at the practice, we saw the practice ensured complainants were given full feedback and learning had taken place.

### Reliable safety systems and processes including safeguarding

There was a local policy for child and adult safeguarding. This referenced the Department of Health's guidance. Staff demonstrated knowledge and understanding of safeguarding processes. They described what constituted abuse and what they would do if they had concerns. Staff had undertaken electronic learning regarding safeguarding of children as part of their essential (mandatory) training modules but adult safeguarding training had not taken place.

The practice had a dedicated GP appointed as lead for safeguarding vulnerable adults and children. They had the necessary training to enable them to fulfil this role however, this had not included adult safeguarding training. At the time of our inspection arrangements were in place for this to roll out to all staff. The lead safeguarding GP was aware of vulnerable children and adults and safeguarding records demonstrated good liaison with partner agencies such as the police and social services. All staff we spoke with were aware who the safeguarding lead was and who to speak to in the practice if they had a safeguarding concern. There was a chaperone policy in place. Staff were familiar with this and there were posters advertising this for patients.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information so staff were aware of any relevant issues when patients attended appointments, for example children subject to child protection plans.

Patient's individual records were written and managed in a way to help ensure safety. Records were kept on an electronic system which collated all communications about the patient including scanned copies of communications from hospitals. We saw evidence audits had been carried out to assess the completeness of these records and that action had been taken to address any shortcomings.

### Medicines management

The practice had clear systems in place for the management of medicines. There was a system in place for ensuring a medicine review was recorded in all patients' notes for all patients being prescribed four or more repeat medicines. We were told that the number of hours from requesting a prescription to availability for collection by the

## Are services safe?

patient was 48 hours or less (excluding weekends and bank/local holidays). The practice met on a quarterly basis with the Medicines Management Team from the Clinical Commissioning Group (CCG) to review prescribing trends and medication audits.

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring medicines were kept at the required temperatures. We saw that fridge temperatures were monitored twice daily to ensure safety. The fridge was adequately maintained and staff were aware of the actions to take if the fridge was out of temperature range.

We observed effective prescribing practices in line with published guidance. Vaccines were administered by nurses using directions that had been produced in line with legal requirements and national guidance. Information leaflets were available to patients relating to their medicines. We reviewed the doctor's bags available to GPs and found appropriate medicines were kept for use in patients' homes.

Clear records were kept when any medicines were brought into the practice and administered to patients. Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with regulations.

There was a protocol for repeat prescribing which was in line with national guidance and was followed in practice. The protocol complied with the legal framework and covered all required areas. For example, how staff that generate prescriptions were trained and how changes to patients' repeat medicines were managed. This helped to ensure that patient's repeat prescriptions were appropriate and necessary. All prescriptions were reviewed and signed by a GP before they were given to the patient. We saw that 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 had the equipment and in-date emergency drugs to treat patients in an emergency situation. We saw that emergency medicine, including medicines for anaphylactic shock, were stored safely and were monitored to ensure they were in date and effective.

### Cleanliness and infection control

The premises was an old building with many of the challenges faced by this. However, we found it was clean, tidy and hygienic in all areas. Cleaning schedules were in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a staff member with lead responsibilities for infection control who had undertaken additional training to enable them to provide advice to the practice concerning infection control policy and to carry out staff training. All staff received induction training about infection control specific to their role and there after received annual updates. We saw evidence that the lead for infection control carries out monthly infection control audits. The practice had an external infection control wider audit undertaken in October 2014. The audit showed improvements were needed for aspects of the premises such as doctors' rooms with carpets, sinks that required updating in line with best practice guidance. We saw that an action plan had been put into place and steps taken to reduce the risks as best they could. We were told the practice was shortly moving to purpose built premises in April 2016.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement infection control measures. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these in order to comply with the practice's infection control policy. There was also a policy for needle stick injury.

Hand washing techniques signage was displayed in staff and patient toilets. Hand washing basins with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had a policy for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). However the practice had not carried out a recent test or a risk assessment of the need for this.

### Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we

## Are services safe?

saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales and the fridge thermometers.

### Staffing and recruitment

The practice had a recruitment policy in place. Appropriate pre-employment checks were undertaken, such as references, medical checks, professional registration checks but no photographic identification. Not all administration and reception staff whose role required it had a Disclosure and Barring Service (DBS) check completed before commencement of work. At the time of our inspection the practice had taken steps to carry this out and they were awaiting the results. These checks provide employers with access to an individual's full criminal record and other information to assess their suitability for the role.

There was a system in place to record professional registration such as for the General Medical Council (GMC) and the Nursing Midwifery Council (NMC). We saw evidence that demonstrated professional registration for clinical staff was up to date and valid.

### Monitoring safety and responding to risk

The practice had a system in place for reporting, recording and monitoring significant events. We were told that incidents were reported at regular practice meetings and minutes were shown to us to demonstrate this. Health and safety information was displayed for staff to see and there was an identified health and safety representative. Formal risk assessments for the environment and premises were in place, this included a fire risk assessment.

The practice had procedures in place to manage expected absences, such as annual leave, and unexpected absences

through staff sickness. Staffing levels were set and reviewed to ensure patients were kept safe and their needs met. We found that systems were in place to ensure that all staff attended refresher training course to ensure they kept up to date.

We saw evidence that staff were able to identify and respond to changing risks in patient's conditions or during and medical emergency. For example timely referrals were made for all patients attending hospital as a referred patient or as an emergency. All acutely ill children would be seen on the same day as they requested.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. We saw records showing all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). All staff asked knew the location of this equipment and records we saw confirmed these were checked regularly. Emergency medicines were available in a secure area of the practice and all staff knew of their location. Processes were also in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. A fire risk assessment had been undertaken that included actions required maintaining fire safety. We saw records that showed staff were up to date with fire training.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Care and treatment was considered in line with current guidance from the National Institute for Health and Care Excellence (NICE) and other published guidelines which were available to staff on the IT system at the practice. This included the Mental Capacity Act and the assessment of Gillick competencies for children when gaining their consent. The GPs and practice nurse systematically used this system when assessing and treating patients.

The GPs and practice nurse we spoke with were clear about the rationale for the treatments they were prescribing and providing. They confirmed they had access to clinical guidelines on the practice intranet, for example, guidance such as the appropriate management and use of medicines. Each patient attending the practice had their needs assessed and interviews with the GP demonstrated they considered current legislation, standards and nationally recognised evidence-based guidance. Consistency and continuity of planned care was achieved between the day and out-of-hour's service for patients with complex and end of life care needs.

We found that staff had access to the necessary equipment and were skilled in its use and GPs arranged timely investigations as required during the patient consultation. Patients we spoke with were clear about their investigations and their treatment and they understood the results of these.

The GP patient survey showed that 73% of patient said the last GP they saw or spoke with was good at explaining tests and treatments. The GPs told us they were leads in specialist clinical areas such as diabetes, heart disease and asthma and the practice nurses supported this work which allowed the practice to focus on specific conditions and provide patients with regular support based on up to date information. This meant they were able to focus on specific conditions and provide patients with regular support based on up to date information. Daily informal clinical meetings took place to discuss on-going patient's needs. Clinical staff we spoke with were very open about asking for and providing colleagues with advice and support.

The practice showed us data from the Quality and Outcomes Framework (QOF) which is a system for the performance management and payment of GPs in the NHS.

This and information provided by the local Clinical Commissioning Group showed the practice had performed in line with neighbouring practices for most of the indicators such as managing some of the most common chronic diseases, e.g. diabetes, coronary heart disease and chronic obstructive pulmonary disease. This practice had achieved consistently good scores for QOF over the last few years

(last year they obtained 95.3%) which demonstrated they provided good effective care to patients. The practice had systems in place for implementing preventative measures, e.g. regular blood pressure checks, regular case reviews and maintaining registers. We found the practice used computerised tools to identify patients with specific or complex needs. This enabled the practice to ensure that all patients requiring an annual or more frequent review or assessment would be given an appointment and review date. Systems were in place to monitor their attendance.

We saw no evidence of discrimination when making care and treatment decisions.

### Management, monitoring and improving outcomes for people

The practice routinely collected information about patients' care and treatment. Staff from across the practice had key roles in the monitoring and improvement of outcomes for patients. They used the QOF to assess their performance and undertook regular clinical audit. These audits included a patient falls audit, medication reviews, diagnosis and management of familial hypercholesterolemia (the levels of high of cholesterol in a patient's blood) and the advice given to patients regarding vitamin D supplementation. All of the audits were evidence based and each of them demonstrated quality improvements to patients' treatments and experience. They were completed audits with dates set for re auditing.

The team was making use of clinical audit tools, clinical and peer supervision and staff meetings to assess the performance of clinical staff. The staff we spoke with discussed how as a group they reflected upon the outcomes being achieved and areas where this could be improved. Staff spoke positively about the culture in the practice around audit and quality improvement. Discussion of audits, performance indicators and quality initiatives was evident in the practice team and partner meetings.

# Are services effective?

## (for example, treatment is effective)

Staff told us they received feedback through discussions and at meetings. Despite this we did not see evidence that GPs at the practice participated in local benchmarking run by the Clinical Commissioning Group (CCG).

The practice had achieved and implemented the gold standards framework for end of life care. One of the nurses took the lead for this group of patients supported by the reception/administration team. They had a palliative care register and held regular multidisciplinary meetings to discuss the care and support needs of patients and their families. Special notes were used to inform out of hours services of any particular needs of patients who were coming towards the end of their lives.

### Effective staffing

All doctors were on the national GP performers list and this was monitored by the local CCG. The practice used locum GPs and the same checks as those made on permanent staff were also made on locums. The practice had a mix of administration and reception staff working with three practice nurses.

The induction programme covered a wide range of topics including policies and procedures, confidentiality, staff training, organisational induction and job specific induction. We saw an example of a more recent employee's induction checklist that had been completed. We found all staff had received an annual appraisal. Appraisals were used to identify staff learning and development. Nursing staff had good access for networking opportunities during which time they received peer supervision. Staff were supported to undertake continuous professional development, mandatory training and other opportunities for development in their role. Essential (mandatory) training topics were identified with relevance to the different roles within the practice.

All GPs were up to date with their yearly continuing professional development requirements and revalidation. (All GP's are appraised annually, and undertake a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by NHS England can the GP continue to practise and remain on the performers list with the General Medical Council). The practice nurses performed defined duties and extended roles. They were able to demonstrate that they were appropriately trained to fulfil these duties. For example, on administration of vaccines and cervical cytology.

The practice manager and principal GP had ensured that all of the clinical equipment used in the practice was regularly calibrated and that relevant staff were competent to use it.

### Working with colleagues and other services

There was proactive engagement with other health and social care providers and other bodies to co-ordinate care and meet patient's needs. We saw effective communication, information sharing and decision making about who might best meet the patient's needs. We saw good communications with the out of hours services with information about the patient being shared with the practice each day by 8am. This included important information for instance for patients on the end of life care pathway whose needs may have changed overnight. Information received from other agencies, for example accident and emergency department or hospital outpatient departments were read and actioned by the GPs in a timely manner. Information was scanned onto electronic patient records in a timely manner.

The practice worked closely with other health care providers in the local area. The practice attended various multidisciplinary team meetings at regular intervals to discuss the needs of complex patients, for example those with end of life care needs. These meetings were attended by community staff such as district nurses, health visitors, social workers and palliative care nurses.

### Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local out of hour's provider to enable patient data to be shared in a secure and timely manner. Information was shared in this way with hospital and other healthcare providers. We saw that all new patients were assessed and patients' records were set up. This routinely included paper and electronic records with assessments, case notes and blood test results. We saw that all letters relating to blood results and patient hospital discharge letters were reviewed on a daily basis by doctors in the practice. We found that when patients moved between teams and services, including at referral stage, this was done in a prompt and timely way.

We found that staff had all the information they needed to deliver effective care and treatment to patients. For emergency patients, patient summary records were in

# Are services effective?

(for example, treatment is effective)

place. This is an electronic record that is stored at a central location. The records can be accessed by other services to ensure patients can receive healthcare faster, for instance in an emergency situation or when the practice is closed.

## Consent to care and treatment

Staff were aware of the Mental Capacity Act (MCA) 2005, the Children Acts 1989 and 2004 and their duties in fulfilling this. At the time of our inspection arrangements were in place for all staff to receive MCA training. All the clinical staff we spoke to understood the key parts of the legislation and were able to describe how they implemented it in their practice. They gave examples in their practice of when best interest decisions were made and mental capacity was assessed prior to consent being obtained for an invasive procedure. All clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

There was a practice policy for documenting consent for specific interventions. For example, for invasive implantations, a patient's written consent was obtained and documented.

## Health promotion and prevention

The practice supported patients to manage their health and well-being. It was practice policy to offer a health check with the health care assistant / practice nurse to all new patients registering with the practice. The GP was informed of all health concerns detected and these were followed up in a timely way. The practice also offered NHS Health Checks to all its patients aged 40 to 75 years. These were carried out by the practice nurse and if required they would be followed up by the GP for further tests and investigations.

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and each year they were offered an annual physical health check. We saw evidence of multi-agency working for patients with a mental health need and we saw health promotion information signing patients to various support groups and voluntary organisations.

The practice routinely carried out searches on their IT system to identify for example patients who were over 75 years and who did not have a named GP and young adults who had been admitted to hospital for an alcohol related incident. We heard how these searches would be followed up by practice staff and the patients GP. Similar mechanisms of identifying 'at risk' groups were used for patients who were for example receiving end of life care. We saw that regular multi-disciplinary team meetings took place to review the needs of these patients and their families and they were offered further support in line with their needs.

The practice offered national screening programmes, vaccination programmes, long term condition reviews and provided health promotion information to patients. They provided information to patients with leaflets and information in on display the waiting area about the services available. The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for all immunisations was in line with other practices within the CCG, and there was a clear policy for following up non-attenders by the named practice nurse.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey and the practice's own patient surveys undertaken by the practice's Patient Participation Group. The results showed that patients were satisfied with the care and treatments provided by staff. Staff were caring and friendly and they had good knowledge and experience of the patients and their family medical histories. Patients reported that the atmosphere at the practice was personal and they were satisfied with the wide range of services available locally. The evidence from these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The patient survey showed that 96% of respondents said the last nurse they saw or spoke to was good at treating them with care and concern. The results for GPs showed that 82% said the last GP they saw or spoke to was good at listening to them.

Patients completed CQC comment cards to provide us with feedback on the practice. We received 27 completed cards and the majority were positive about the service they experienced. They reported that staff were caring, they were treated with respect and practice staff had known them and their families for many years. A small number of patients said it was difficult to get an appointment and this is also reflected in the GP patient survey which showed that only 60% were satisfied with the surgery's opening hours and 53% described their experience of making an appointment as good.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We observed staff were careful to follow the practice's confidentiality policy when discussing patients' treatments in order that confidential information was kept private.

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

During our inspection patients told us they felt involved in their care. They said they were given as much time as they needed when being seen by the nurse or doctor. We saw that patients had opportunities to discuss their health concerns and preferences, to inform their individualised care options. If needed the patient's family, friends or advocate would be allowed to accompany the patient during an appointment.

Staff had good communication skills. Patients were communicated with in a way they could understand and this was appropriate and respectful. We saw that written information was provided to patients with long term conditions to help them understand their disease. We saw many patients' leaflets and health promotion information some in different languages along with posters asking patients if they required advocacy services.

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

Patients we spoke to told us that the practice had been supportive when a close relative had died. We spoke with the GP who told us that should a family need extra support than could not be given by the practice they would be referred to local bereavement support groups.

The practice had achieved and implemented the gold standards framework for end of life care. They had a palliative care register and held regular multidisciplinary meetings to discuss the care and support needs of patients and their families. Special notes were used to inform out of hours services of any particular needs of patients who were coming towards the end of their lives. Clinical staff had various ad hoc methods of supporting bereaved patients. Some would contact them personally. The practice staff were knowledgeable about support for bereaved patients. They were familiar with support services and knew how to direct patients to these.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered. The Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised.

The practice had undertaken a number of patient satisfaction surveys. For example in February 2015 they asked the views of patients who attended the practice for regular blood testing. The results showed that the patients preferred to have their bloods taken at the practice rather than the hospital; most patients rated the service as excellent or very good (66%). Patients did not make any comments on improvements required, but the practice identified for themselves that the increase in patient attendance had impacted on the time of the practice nurse and they were reviewing the skill mix of the team in response to this.

The practice asked patients to complete a 'friends and family' test via a comments card in January 2015. Results showed that 84% of patients indicated they would extremely likely or likely to recommend the practice to friends and family. Patients also identified problems relating to getting an appointment, access to a female GP, medicines not being ready and the use of locum GPs. The survey was carried out at a time when the practice had a reduced number of GPs as one of the GP partners had recently left the practice. We saw how based on the results of the survey the practice had developed an action plan which included the recruitment of another female GP. The action plan also showed that from April 2015 the practice was planning to introduce an online appointments system to free up telephone lines in a morning.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. For example some of the services were being delivered for older patients in their own homes if they were housebound. The lead GP partner encouraged staff to try to accommodate all patients' needs

when they attend the surgery in an emergency situation such as patients who might be homeless or vulnerable. We saw that the practice had access to online and telephone translation services but the first language of the population was predominately English.

The practice provided equality and diversity training through e-learning. Staff we spoke with confirmed that they had completed the equality and diversity training in the last 12 months.

The main parts of the practice were situated on the ground floor of the building. The practice had wide corridors easily accessible for patients with wheelchairs. There was an intercom at the entrance. Accessible toilet facilities were available for all patients attending the practice.

### Access to the service

Appointments were available from 8.45am to 5.30pm each week day at the main practice. Each appointment lasted ten minutes. We saw that if required longer appointments were available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. There were no extended hours for patients who might work throughout the day. If patients called the practice when it was closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

During our visit patients told us they experienced good access to the service. They said they were satisfied with the appointment system and they could usually get an appointment on the same day if they needed this. They also said they could see another doctor if there was a wait to see the doctor of their choice. This reflected the same comments made to us with our CQC comments cards. However the most recent national patient survey showed that only 37% of patients said that they find it easy to get through to this surgery by phone. Fifty three per cent of patients described their experience of making an appointment as good. The practice were aware of these results and they reflected similar comments made by patients in the friends and family test comments. In response to this on line booking of appointments was being introduced to relieve the pressure on patients needing to call the practice for an appointment.

### Listening and learning from concerns and complaints

# Are services responsive to people's needs?

(for example, to feedback?)

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 information was available to help patients understand the complaints system; this included a patient complaints leaflet. Whilst this had good information for patients it did not include details of the next steps patients could take if they were dissatisfied with the investigation or the findings of this the practice had undertaken. Patients

we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at five complaints received in the last 12 months and found that timely and appropriate responses had been made. The practice reviewed complaints alongside serious incident reports annually to detect themes or trends. We were clear that listening and learning had taken place following a patient complaint but there was insufficient evidence to show that action plans were put into place to prevent the complaint happening again.

# 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, though this was not documented. There was a clear leadership structure and staff felt supported by management. We spoke with twelve members of staff they all knew and understood the vision and values and knew what their responsibilities were in relation to these. They shared the same ethos which was to deliver patient centred care in a compassionate and caring way to patients and their families. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop of all computers within the practice. All policies and procedures we looked at had been reviewed annually and were up to date.

We saw transparent and open governance arrangements. We found practice staff were clear about their roles and they understood what they were accountable for. There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and the senior partner was the lead for safeguarding.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at practice team meetings and action plans were produced to maintain or improve outcomes. The practice nurses attended a local peer review system they took part in with neighbouring GP practices. The practice had an on-going programme of clinical audits which it used to monitor quality and systems to identify where action should be taken.

The practice had arrangements for identifying, recording and managing risks. Risk assessments were in place such as infection control and fire risk assessments. We saw that actions had been taken for the known infection control risks associated with older premises. We saw that the risks were discussed at team meetings and updated in a timely

way. However there was insufficient evidence generally that action plans were put into place in response to patient safety incidents and patient complaints and this required improvement to demonstrate learning.

### Leadership, openness and transparency

The lead GP partner spoke about the challenging times the practice had experienced in the recent changes to the GP partners. Recently two partners had left the practice and the recruitment of new partners had been difficult. At the time of our inspection all new partners had been recruited and the practice had aims and objective to develop a full clinical leadership team.

We spoke with staff with different roles and they were clear about the lines of accountability and who provided support them. They spoke of good visible leadership and full access to the senior GP and practice manager. The GP and practice manager met weekly to discuss practice issues and when possible the nurse would attend. However meeting notes or minutes were not taken. On a monthly basis the practice closes and team meetings were held including the reception and administration staff but again minutes of the meetings were not taken and this required improvement.

Staff told us they enjoyed working at the practice and they felt valued in their roles. Staff felt supported, motivated and reported being treated fairly and compassionately. They reported an open and 'no-blame' culture where they felt safe to report incidents and mistakes. The practice had a strong team who worked together in the best interest of the patient. All staff were aware of the practice Whistleblowing Policy and they were sufficiently confident to use this should the need arise.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, (for example induction policy) which were in place to support staff. We looked at the file for a newly recruited staff member and found that a thorough induction process had taken place. Staff we spoke with knew where to find these policies if required.

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

The practice had gathered feedback from patients through their own patient satisfaction questionnaire and through reviewing patient complaints. Regular patient satisfaction cards were collected on a 'friends and family' comments

# Are services well-led?

Good 

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

card. Action plans were in place in response to feedback given by patients. The practice told us they had struggled to set up a regular patient participation group (PPG) but we did see minutes for a meeting in October 2014. The minutes showed the practice kept patients up to date with GP partner changes, the new premises and the challenges faced by the team whilst they were recruiting a new partner GP. The minutes showed an openness and a willingness to engage with patients and to seek their views about the practice.

The practice had gathered feedback from staff during regular team meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistleblowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice.

## **Management lead through learning and improvement**

Staff had access to a programme of induction and training and development. Mandatory training was undertaken and monitored to ensure staff were equipped with the knowledge and skills needed for their specific individual roles. Staff were supervised until they were able to work independently but written records of this were not kept. Annual appraisals were undertaken for all staff.

Staff told us they had good access to training and were well supported to undertake further development in relation to their role. The practice manager maintained a training log for all staff ensuring they kept up to date as required. Monthly training sessions were held for all staff referred to as 'protected learning time' at this time the practice closed for half a day to enable training sessions and updates to take place for staff.

The practice had completed reviews of significant events, complaints and other incidents and shared with staff at meetings. This included an annual review of all incidents to identify themes and trends. The results of the incident analysis was discussed regularly at staff development days and we saw evidence that learning and improvements had been made when such incidents had occurred.