

Moreton Cross Group Practice - R Alman

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Moreton Group Practice on 31 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and 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.
- The provider was aware of and complied with the requirements of the duty of candour (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

The areas where the provider should make improvement are:

- The provider should continue to monitor patient satisfaction with the service provided.
- The provider should review data held with regard to some long term conditions and produce an action plan to support better outcomes for patients.

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.

- There was a system in place for reporting and recording significant events. The practice shared significant events with other practices within the CCG to promote learning and improvement in services. However internal systems to disseminate learning within the practice were not structured and significant events were not a standing agenda item on clinical or practice meeting. Following the inspection the practice reviewed and implemented processes to ensure there is a clear audit trail with regard to information shared within the practice following a significant event.
- There was evidence that lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Infection control and prevention systems were in place. Discussions took place with the manager with regard to the need to carry out internal infection control audits to provide assurance that procedures were being carried out and were effective in reducing the risk health acquired infections.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Good



Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patient responses were mixed with regard to with the practice rated higher than others for several aspects of care and lower than others in other 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 for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had worked with the CCG to reduce the number of patients attending A&E, which resulted in a 6% reduction in the last twelve months.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

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

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was involved in the CCG led over 75 years care scheme, to promote the health and wellbeing of this group of patients.
- The practice had a system in place that allocated a named GP to visit patients living in local nursing and care homes. This system supported continuity of care for vulnerable patients.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice conducted regular unplanned admissions register reviews to ensure patients received appropriate care and treatment at home.

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.
- 96% of patients with diabetes had influenza immunisation compared to the national average of 94%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients 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.

Good



Summary of findings

- 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 high for all standard childhood immunisations.
- 68% of patients aged 50-70, were screened for breast cancer in last 36 months compared to the CCG and national average of 72%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice sent out an information sheet to new parents, offering congratulations and advice for mum and baby including contact information such as the health visiting team and national breast feeding helpline numbers.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good



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 been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, GP telephone consultations for working age patients.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good



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 patients with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- 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.

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).

- 98% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%.
- 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed overall the practice was performing in line with local and national averages. There were 310 survey forms distributed and 122 were returned. This represented 2% of the practice's patient list. For example;

- 56% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area which was the same as the national average.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received eight comment cards which were all positive about the standard of care received. Patients felt they were treated with compassion and that staff were helpful and kind.

We spoke with six patients during the inspection. All six patients said they were very satisfied with the care they received and thought staff were approachable, committed and caring. In March 2016, 210 patients completed the Friends and Families test (The NHS Friends and Family Test was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed). The test results showed that 183 patients were extremely likely or likely to recommend the practice to someone who had just moved to the area and 14 patients were extremely likely or likely not to recommend the practice. The practice manager monitored the friends and family test results monthly looking for trends and produced action plans where areas of improvement were identified.

Areas for improvement

Action the service SHOULD take to improve

- Should continue to monitor patient satisfaction with the service provided.
- The service should review data held with regard to some long term conditions and produce an action plan to support better outcomes for patients.

Moreton Cross Group Practice - R Alman

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP and practice manager specialist advisers.

Background to Moreton Cross Group Practice - R Alman

Moreton Group Practice is registered with CQC to provide primary care services, which include access to GPs, family planning, ante and post-natal care. The practice is based in Moreton, Wirral. There is a large car park at the front of the practice.

The practice has a Primary Medical Services (PMS) contract with a registered list size of 7126 patients (at the time of inspection). The practice has four GP partners, two male and two female, two female salaried GPs and three practice nurses. The practice is supported by a practice manager and a number of administration and reception staff.

The practice is a training practice for doctors undertaking training to become GPs.

The practice is open between 8.30am to 6:30pm Monday to Friday. Appointments are bookable in a variety of ways including on line and via the practice 24 hour automated telephone appointment system. Home visits and telephone consultations are available for patients who required them, including housebound patients and older patients. There

are also arrangements to ensure patients received urgent medical assistance when the practice was closed. Out of hours patients are asked to contact the NHS 111 service to obtain healthcare advice or treatment.

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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 31 March 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed documents and policies and procedures.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the Duty of Candour. (The Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and shared their learning outcomes with other practices in the Clinical Commissioning Group (CCG) area. The practice carried out an annual review of significant events to monitor for trends and themes. However there was not a structured system in place to ensure learning and actions taken from significant events were formally shared within the practice through clinical and practice meetings or robust sign posting to appropriate documents. Following the inspection the practice reviewed and implemented processes to ensure there was a clear audit trail with regard to information shared within the practice following a significant event.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a number of incidents had occurred with regard to the safe monitoring of patients prescribed anti-coagulation medicine (this type of medicine helps to prevent the blood clots). Following analysis of the significant events the practice arranged training for clinicians, initiated a review of all patients to determine if they were being prescribed the most effective medicine and to offer patients information and education.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required, a copy of the policy was also available on the practice website. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice overall maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The practice needed to review how their infection control processes were audited with particular regard to cleaning schedules and roles and responsibilities of clinical staff and the external cleaning company used by the practice. Since the inspection the practice manager confirmed audits were being implemented to ensure the practice safeguarded patients from the risk of health acquired infections.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines

Are services safe?

audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and the appropriate checks through the DBS. We discussed with the practice the need to ensure when appointing long term GP locums to salaried GP appointments a reference was gained from a GP partner detailing their skills and competencies. Following the inspection the practice manager confirmed this would form part of the recruitment policy and procedure.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments. Portable electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We discussed with the manager the need to ensure the practice had an up to date gas safety certificate and electrical wiring safety certificate in place to ensure the health and safety of patients and staff. Following the inspection the practice manager provided evidence that these checks had been carried out by an external company.

- 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 enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All consultation and treatment rooms had an emergency alarm fitted that alerted staff in the main reception/administration area if a colleague needed assistance or support.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available. We discussed with the practice the need to review where the emergency drugs and equipment were stored to ensure they could be located in an emergency in a timely manner. The practice agreed to review the current storage locations.
- 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 stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 81% compared to the national average of 78%
- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and

other psychoses whose alcohol consumption has been recorded in the preceding

12 months was 97% compared to the national average of 89%.

- The percentage of patients with schizophrenia, bipolar affective disorder and

other psychoses who have a comprehensive, agreed care plan documented in

the record, in the preceding 12 months was 95% compared to the national average of 88%

- The percentage of patients with atrial fibrillation who are currently treated with anticoagulation drug therapy or an antiplatelet therapy was 100% compared to the national average of 98%.

Data showed that some QOF results were lower than the national average for example:

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 66% compared to the national average of 88%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 74% compared to the national average of 80%.

The practice manager told us the practice was aware that work was needed to support and encourage patients with long term conditions to attend for clinical reviews.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, two of the completed audits had been re-audited to ensure improvements made had been implemented and embedded.
- The practice participated in local audits and national benchmarking.
- Findings from audits were used by the practice to reduce risks to patients and improve patient outcomes. For example, following a national patient safety alert with regard to the continuous prescribing of an anti-sickness medicine and the possible significant side effects. The practice carried out an audit that identified the need to ensure all GPs were aware of the national guidance and that a re-audit would take place every

Are services effective?

(for example, treatment is effective)

quarter to ensure patient safety. Another audit cycle highlighted the need for review of all patients with atrial fibrillation (this is a heart condition that causes an irregular and often abnormally fast heart rate) to ensure the appropriate treatment was being provided. This audit resulted in an increase in the prescribing of anti-coagulation medicines to improve outcomes for patients.

- In January 2016 the practice hosted a CCG led primary care atrial fibrillation clinic led by a consultant cardiologist to improve outcomes for patients with this condition.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, GPs had undertaken a range of training in the last two years including diabetic update training, end of life training, Mental Capacity Act training and domestic violence awareness training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, attendance at CCG led practice nurse meetings and at practice meetings.
- 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 their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice worked closely with specialist clinics and had developed assessment tools to support the care and treatment provided to patients. For example, the practice had developed an assessment tool for those patients with dementia who had been discharged from the local memory clinic. This assessment tool was to support their understanding of how the disease was impacting on patients daily lives and what care and treatment they could offer.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Clinical meeting minutes demonstrated the GPs had a clear understanding of their roles and responsibilities with regard to best interest decisions for patients who lacked capacity to consent.

Are services effective?

(for example, treatment is effective)

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Clinical meeting minutes showed that GPs sought advice and guidance with regard to requested or proposed treatment when capacity issues were identified.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients with mental health needs. Patients were signposted to the relevant service.
- The practice referred patients to the local Live Well programme for support through training programmes and healthy lifestyles advice and support.

The practice's uptake for the cervical screening programme was 71%, which was lower than the CCG average of 73% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend

for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were comprehensive systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, the practice uptake for the bowel cancer screening programme was 59% compared to the CCG average of 54% and the national average of 55%.

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 two year olds ranged from 76% to 94% and five year olds the uptake ranged from 88% to 100%. The practice had a system in place to follow up children who had not attended their vaccination appointments including opportunistically offering vaccines at other clinical reviews and consultations.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the eight patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 97% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. The practice website also had an application to change the language of the information on the website to enable patient gain information in the language of their choice.
- Information leaflets were available in easy read format.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had agreed with the CCG to provide a number of enhanced services to provide better health outcomes for patients such as; minor surgery and the risk profiling and care management scheme to identify seriously ill patients or those patients at risk of emergency admissions to hospital.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8.30am to 6.30pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them. The practice had an automated appointment line that allowed patients to book, cancel, check or change appointments.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable or lower than the local and national averages.

- 77% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

- 56% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 80% of patients said that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the national average of 77%.
- 69% of patients described their experience of making an appointment as

The practice manager acknowledged that there had been issues regarding patients' access to appointments as a result the appointments system had been changed in 2015. This had resulted in some initial problems and a change for patients in how appointment could be booked. We reviewed Friends and Family Test results from February and March 2016 that showed patient satisfaction with access was improving.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including a poster in the waiting area and information on the practice website.

We looked at two complaints received in the last 12 months and found they were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a patient complaint with regard to the availability of pre-bookable appointments the numbers of appointments available were increased.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through the friends and family test and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, following work with the PPG the practice had implemented a text message system to remind patients they had an appointment and also gave them the opportunity to cancel unwanted appointments.
- The practice manager told us that a patient survey would be carried out this year to ensure the service provided met the needs of their patients.
- The practice had gathered feedback from staff through staff meetings and appraisals and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.