Ainsdale Village Surgery

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Outstanding
Are services caring?	Good
Are services responsive to people's needs?	Outstanding
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ainsdale Village Surgery on 15 October 2015. 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 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.
- 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.

We saw areas of outstanding practice in relation to the responsiveness of the practice, effectiveness of care and treatment provided, the treatment of more vulnerable patients and for those patients experiencing poor mental health.

- The practice had worked with the travelling community to deliver a comprehensive range of GP led services. They had built up a strong personalised

Summary of findings

and trusting relationship with these patients, which led to the involvement of the Link Nurse from Liverpool Community Health who dealt with children classified as being 'out of school'. This led to long term health benefits, for example,children within this community receiving childhood vaccinations.

- Women from this community felt secure enough to receive contraceptive services, health checks such as cervical screening and education on breast health and other associated checks. Older members of the community received flu and shingles vaccinations.
- Clinics for the travelling community were held at the practice, where other health professionals would also be available when these patients visited in groups. This clinic also visited the travellers site when other commitments prevented the practice premises from being used.
- The practice had developed strong links with Southport and Formby Community Mental Health teams (CMHT) which benefitted patients.The practice diagnosis rate for dementia had improved significantly from 34% in October 2014 to 48% in March 2015.
- Data from the NHS England GP Patient Survey showed very high levels of patient satisfaction, from making an appointment with the practice, through to treatment and follow-up care. This practice had not received any complaints or negative feedback about not being able to get through to the practice by phone.

There are areas where the provider MUST make improvements. Importantly the provider must:

- Ensure the practice is registered for all regulated activities delivered.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good 

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. Where risks to patients were identified, we saw staff escalated these to relevant persons within the local clinical commissioning group, requesting they be dealt with as a priority.

Are services effective?

Outstanding 

The practice is rated as outstanding for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits 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.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- We saw effective management of all patients subject to shared care agreements.

Are services caring?

Good 

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 for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

Outstanding 

The practice is rated as outstanding for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services.
- When practice partners saw the wait at a community based clinic was six weeks for the fitting of contraceptive intra uterine devices, GPs completed the training required to offer this service directly to its patients and other patients in the locality.
- The practice worked with local mental health professionals, to discuss shared clinical issues in the treatment of patients experiencing poor mental health, including those on Community Treatment Orders.
- Patients said they found it easy to make an appointment with a named GP.
- There was continuity of care, with urgent appointments available the same day.
- Feedback to the practice from patients was acted upon.
- Learning from complaints was shared with staff and discussed at practice meetings.
- Vulnerable patients registering with the practice, were engaged with at the earliest opportunity by the GP partners.
- The post natal appointment for mothers and six week baby checks had been combined so GPs could see mother and baby together and to provide engagement with new mothers and their babies at the earliest opportunity.
- The practice had responded quickly to visiting groups of travellers, offering a full range of health care and facilitating access to other health care professionals quickly.

Are services well-led?

Requires improvement 

The practice is rated as requires improvement for being well-led.

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- The GP partners planned to deliver surgical procedures but had not registered themselves for this regulated activity with the Care Quality Commission. The GP partners had recently completed training to deliver contraceptive services from the practice, and had advertised this service to patients but had not registered for this regulated activity with the Care Quality Commission.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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.
- The practice partners investigated and addressed complaints.
- Some issues which should have been reported to the appropriate professional body had been overlooked.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had worked with community stakeholders to offer older patients greater access to local services, for example, by inviting a fitness service (Active Lifestyles) into the practice when running flu immunisation clinics. This followed on from success in the previous year when Healthwatch representatives had attended the annual flu immunisation clinics in 2014.
- Clinical audit was used to drive improvement. We saw that dementia diagnosis rates had increased from 34% in 2014 to 48% by March of 2015.
- The practice delivered a service for the frail elderly population as part of a Local Quality Contract.

People with long term conditions

Good

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

- Nursing staff had recently been given lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Practice leaders had identified areas for improvement in diabetes care and management and had given the nursing team ownership of this area of care. We saw that all patients with higher blood readings of Hba1c (a type of haemoglobin used to measure the plasma glucose concentration over long periods) had been recalled as a priority.
- 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 medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 2014-15 QOF achievement for cervical screening was 82%.
- 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.
- GPs at the practice had combined the post natal check for mothers with the six week new baby check. This provided a longer appointment time to ensure the health needs of both patients are met and that new mothers are adapting well to motherhood.

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.
- 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.
- One of the GP partners had jointly led work on a pilot to use technology to transmit ECG tests by phone to give far quicker analysis and interpretation of results for patients.
- Opening hours were designed to meet the needs of patients with working, studying and caring responsibilities.
- Practice leaders considered other services that could be offered to patients within this group, for example, offering the HPV vaccine to school age females who may not have been offered this at private schools.

Summary of findings

People whose circumstances may make them vulnerable

Outstanding ☆

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

- The practice held a register of patients living in vulnerable circumstances including, travellers and those with a learning disability.
- The practice regularly supported a group of 76 travellers in the area. This provided contact for the whole family with GPs, nurses and other healthcare professionals, such as midwives and health visitors. The practice could show long term health benefits delivered to this patient group, in the form of a rapid response to a measles outbreak, childhood immunisations, health screening, contraceptive services, chronic disease management – particularly asthma, cervical screening and breast care and well man clinics. A relationship of trust and confidence had been built, such that the practice had been able to introduce other community professionals such as the Liverpool Community Health Link Nurse for Children out of School, who visits the travellers site. Other professionals have joined this team to support these families, for example, by helping to read letters about health care appointments and explaining what will happen at any referral appointments, for example, for a mammography appointment.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice had accepted visitng patients on their list, who needed a significant amount of care and support whilst terminally ill.
- 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)

Outstanding ☆

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia).

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Summary of findings

- The practice GPs support a local nursing home for patients experiencing poor mental health and patients in the community on Community Treatment Orders (CTO).
- The practice GPs had set up regular meetings with the Primary Care Mental Health Liaison Practitioner to discuss the care of patients and how this could be improved. The GPs requested that the adult consultant Psychiatrist visit the practice to share good practice and review clinical treatment of some patients.
- It carried out advance care planning for patients with dementia.
- Prescribing for mental health patients followed best practice guidance and audit had been used to drive improvements in this area.
- Latest QOF figures (2014-15) showed 93% of patients experiencing poor mental health had an agreed care plan in place; 96% of patients in this group had blood pressure readings and alcohol consumption levels recorded in their medical records. All patients prescribed Lithium were regularly reviewed and showed 100% compliance with required medication levels.
- All staff had received training in suicide awareness and dementia awareness.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing significantly above local and national averages. 271 survey forms were distributed and 106 were returned. This gave a response rate of 39.1%. The practice list size is approximately 3,000 patients meaning this response represents the views of 3.5% of the practice population.

- 99% found it easy to get through to this surgery by phone compared to a CCG average of 67.8% and a national average of 73.3%.
- 100% found the receptionists at this surgery helpful (CCG average 88.5%, national average 86.8%).
- 95.4%% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86.7%, national average 85.2%).
- 97.1% said the last appointment they got was convenient (CCG average 95%, national average 91.8%).
- 99.2% described their experience of making an appointment as good (CCG average 75.8%, national average 73.3%).
- 90.4% usually waited 15 minutes or less after their appointment time to be seen (CCG average 74.7%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Patients particularly commented on the two new GP partners saying they were caring, responsive and inclusive when consulting with them.

We spoke with nine patients during the inspection. All nine patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. We asked patients if they missed not having a male GP at the practice. All patients we asked said this was not a problem, commenting that they were extremely happy with the care provided by the female partners and nursing team.

Areas for improvement

Action the service MUST take to improve

- Ensure the practice is registered for all regulated activities delivered.

Outstanding practice

We saw areas of outstanding practice in relation to the responsiveness of the practice, effectiveness of care and treatment provided, the treatment of more vulnerable patients and for those patients experiencing poor mental health.

- The practice had worked with the travelling community to deliver a comprehensive range of GP led services. They had built up a strong personalised and trusting relationship with these patients, which led to the involvement of the Link Nurse from Liverpool Community Health who dealt with children classified as being 'out of school'. This led to long term health benefits, for example,children within this community receiving childhood vaccinations.
- Women from this community felt secure enough to receive contraceptive services, health checks such as cervical screening and education on breast health and other associated checks. Older members of the community received flu and shingles vaccinations.

Summary of findings

- Clinics for the travelling community were held at the practice, where other health professionals would also be available when these patients visited in groups. This clinic also visited the travellers site when other commitments prevented the practice premises from being used.
- The practice had developed strong links with Southport and Formby Community Mental Health teams (CMHT) which benefitted patients.The practice diagnosis rate for dementia had improved significantly from 34% in October 2014 to 48% in March 2015.
- Data from the NHS England GP Patient Survey showed very high levels of patient satisfaction, from making an appointment with the practice, through to treatment and follow-up care. This practice had not received any complaints or negative feedback about not being able to get through to the practice by phone.

Ainsdale Village Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist advisor, a practice manager specialist advisor and an Expert by Experience.

Background to Ainsdale Village Surgery

Ainsdale Village Surgery is located in a residential area close to Southport, Merseyside and falls within Southport and Formby clinical commissioning group (CCG). The practice is run by two female GP partners, supported by a nursing team made up of an advanced nurse prescriber, a practice nurse and a phlebotomist. The practice manager leads a team of six reception and administrative staff. The practice is a training practice hosting foundation year two medical students (FY2), and has recently been accredited as a GP training practice. Plans are in place to host GP registrars from August 2016. Services are delivered under a General Medical Services (GMS) contract. The practice has approximately 3,000 patients.

The practice was open between 8am and 6.30pm Monday to Friday, with an extended hours surgery offered on Tuesday evening from 6.30pm to 8pm.

The practice does not provide weekend surgeries. Patients requiring GP services out of hours are directed to the NHS111 service, who triage the call and direct to a designated provider for the Merseyside area, Urgent Care 24 (UC24). There are no branch surgeries attached to this practice.

Within the past twelve months, the practice has moved from being a surgery run by a sole handed GP, to a partnership between two new GPs. At the time of our inspection, the application to add the newest partner was being processed. We did note at inspection that the practice were planning to deliver two further regulated activities, not covered by its existing registration. This was raised with the partners who have taken immediate action to address this matter. We were given assurances that these new regulated activities had not yet been delivered to patients.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 October 2015. During our visit we:

Detailed findings

- Spoke with a range of staff including the two GP partners, practice manager, practice nurse and administrative staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- 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 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 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.

Good

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 also a recording form available on the practice's computer system.
- Staff said they felt confident in raising and reporting any incidents to clinicians.
- The practice carried out a thorough analysis of the significant events, which followed a defined procedure. This procedure was reviewed annually to ensure it was effective.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. We saw that GPs, nurses and support staff at the practice were taking multiple steps to overcome issues caused by a transfer of patient data from one system to another. Some patient information, such as hospital letters and test results had not transferred to the new IT system. To accommodate this, GPs and nurses had to factor in 'reading time' before the patients entered the consulting room, to ensure they could access information from an alternative IT system (Docman) to fully appraise themselves of a patients health needs and on-going conditions, before consulting with the patient. The safety implications of this issue were significant as GPs had to trawl through patient histories to ensure they had the relevant information about each patient before prescribing or consulting with the patient. The practice GPs have escalated this problem to the Chairperson of Southport and Formby clinical commissioning group (CCG), recognising that the Docman system will soon be unavailable, and the on-going risk to patients if this problem is not fully addressed, are unacceptable. Whilst there had not been any significant events due to this at the time of our inspection, all staff were working in a way that could not be sustained, to prevent any errors occurring.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that 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 relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The last audit at the practice by Public Health England showed the practice to be compliant with standards, achieving a score of 96.72%.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of

the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the nurses to administer medicines in line with legislation.

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

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 to all staff on the shared drive of the practice computer system.
- The practice had up to date fire risk assessments and carried out regular fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice also had other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. As the practice team was small in number, arrangements were in place to ensure key staff were not on leave at the same time.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The plan was recently tested when there was a power failure at the practice. We saw that the incident had been managed well, and that a review of the incident had taken place. This resulted in some changes to everyday working practices to ensure that if the incident was repeated the practice was fully prepared. As an example, staff now print off each morning, a list of all patients booked in with nurses and GPs for that day. This gives staff a reference point if they are unable to access IT systems. The practice also purchased a mobile phone purely for incidents such as power failure, as the practice telephone system is also dependent on the electricity supply.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93.35% of the total number of points available, with 2.64% exception reporting.

The practice showed us the action plan in place to improve results for diabetes care and management, and we were able to confirm this was in place and being put into practice. Nurses now had ownership for management of diabetes and had received training and mentor support to deliver diabetes care and management in line with recognised NICE guidance. Data from 2014-15 showed that some of these improvements were already in place. For example:

- Diabetes patients on the practice register with a recorded blood pressure reading of 140/80 or less was 81%, compared to the CCG target of 78%.
- Diabetes patients on the practice register with a cholesterol reading of 5.0 or less was 84%, compared with the CCG target of 75%.
- Diabetes patients on the register who had received a foot risk assessment in the past 12 months was 90% which met the CCG target.
- Diabetes patients on the register who had received the influenza vaccine for 2014-15 was 98%, compared to the CCG target of 95%.

  In other areas the practice was performing at rates at or above the CCG targets. For example, performance for mental health related indicators was better than the CCG target.
- 93% of patients on the mental health regiser had an agreed care plan in place, compared to the CCG target of 90%.
- 96% of patients on the mental health register had recently recorded blood pressure readings in place, compared to the CCG target of 90%.
- 96% of patients on the mental health register had a recorded intake of alcohol, compared to the CCG target of 90%.
- 100% of female patients on the mental health register had received cervical screening, compared to the CCG target of 90%.
- 100% of patients on the mental health register who were prescribed Lithium, had recorded levels of this medication in the correct range.
- The dementia diagnosis rate improved year on year, from 34% in 2014 to 48% by March of 2015

QOF figures showed that 86% of patients had received a dementia review, compared to the CCG target of 70%. The practice had also put in place a Dementia Protocol, which set out clearly the patient journey from initial GP assessment, referral to memory clinics and delivery of diagnosis and care pathway for patients.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits undertaken in the last year (representing the time the two GP partners had been at the practice). All of these were on-going cycles of audit, covering anti-biotic prescribing, prescribing of anti-psychotics for dementia patients, and audit of raised HbA1c in patients at risk of diabetes.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the transmission of ECG readings by phone

to an expert reader of ECG graphs had resulted in more accurate interpretation of ECG's, for the treatment of patients with atrial fibrillation. This improved the speed of diagnoses and referral of patients for further treatment.

Information about patients' outcomes was used to make improvements. For example the number of patients offered home blood pressure monitoring to assess whether treatment is necessary has increased due to its success. This method of home blood pressure monitoring meant readings could be taken over seven days on equipment provided by the practice. This information could be downloaded by the practice from the equipment, ready for review by GPs. This method of screening increased the identification of patients at risk of stroke.

Effective staffing

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

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice is a training practice, hosting Foundation Year 2 (FY2) medical students. This involves the placement of a different FY2 student every four months. We saw that there was a local level induction in place for all students and access to the GP partners for educational and clinical mentoring was good. The practice requested, were possible, that consideration be given to appointment of male FY2's for practice, to provide a male clinician for patients. Although no patient had pointed this out as a problem, GP partners were aware that the presence of a male clinician could add to the team dynamic at the practice.
- The practice had recently been accredited as a training practice for GP registrars. We saw that measures were in place to support these training GPs, with daily surgery debriefs and weekly tutorials being built into the working day of FY2 students and registrars

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

The GP partners and practice manager had put a considerable amount of time into the checking and re-loading of patient records onto the IT system at the practice. Due to a failed transfer of data between IT systems earlier in the year, a large proportion of patient records had become fragmented. This meant hospital letters and results from specialist clinics had become separated from the patient records. GPs had spent time trying to ensure that information relied on by secondary care providers was displayed in summary care records, but this had added a significant amount of work in the day of the GPs. This issue had been passed to the Chairperson of the local CCG to seek a resolution from the IT suppliers.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Outstanding ☆

Are services effective?

(for example, treatment is effective)

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG target of 80%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. The latest available data to CQC on vaccinations and immunisations (QOF data from 2014-15) showed childhood immunisation rates for the vaccinations given to under two year olds was 86.4%, compared to the CCG average of 96.4%. For five year olds from it ranged from 97% to 100%. The highest score for the local CCG in this category was 97.7%. Flu vaccination rates for all at risk groups 73%. These were also comparable to CCG averages.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- 90.2% said the GP was good at listening to them compared to the CCG average of 91.6% and national average of 88.6%.
- 90.8% said the GP gave them enough time (CCG average 89.4%, national average 86.6%).
- 96.5% said they had confidence and trust in the last GP they saw (CCG average 95.8%, national average 95.2%)
- 100% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.3%, national average 90.4%).
- 100% said they found the receptionists at the practice helpful (CCG average 88.5%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

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:

- 85.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.3% and national average of 86%.
- 83.2% said the last GP they saw was good at involving them in decisions about their care (CCG average 84.1%, national average 81.4%)

Although the practice had no patients from black and ethnic minority backgrounds, who may not speak English as a first language, staff told us that translation services were available for these patients. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice staff regularly updated these notice boards to ensure information provided was current and still applicable.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 17.7% of the practice list as carers. 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. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and by offering them advice and information on how to find support services that they may find useful.

Outstanding ☆

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 GPs had noted that patients referred to a contraception clinic could wait up to six weeks for implants and IUD's. The two GPs had recently completed training in these areas to carry out this work at the practice for their own patients and for patients to be referred to them from other practices in the locality. The practice partners had also invested in new equipment that brough additional services to patients, providing a more integrated service. Examples included using an application on an IPhone to measure a patients pulse and transmission of results by phone to an expert analyst, providing much faster diagnosis of patients with heart problems and those at risk of stroke.

The practice had done significant work to meet the needs of the local travelling community. At the time of our inspection, there were 76 such patients registered with the practice. GPs and staff had built a relationship with these patients based on trust, confidence and mutual respect. This had led to the GPs, nursing staff and other allied professionals, being able to deliver health care services that led to real benefits for these patients and the wider community. For example, the practice was able to respond quickly to a measles outbreak within the travelling community, examining all children and other family members that may have been affected. A range of childhood immunisations were delivered by the nursing team. The development of trust between the practice and the women in the community had resulted in female travellers attending cervical screening and breast examination classes. The men of the community attended the surgery for well-man clinics. We saw that the Liverpool Community Health Link Nurse for children classed as being 'out of school' had also been able to engage with mothers and children in the community to ensure all children received healthcare checks they would otherwise miss, such as hearing and eyesight testing, and complete vaccination programmes including those that would be delivered as booster immunisations in the primary school years. This nurse was able to visit the travellers in their own environment and they welcomed the presence of this nurse and input of other clinicians from the practice. Often the nurse had asked for GP appointments for these patients at very short notice. When arriving for appointments, patients brought many family members with them who also required clinical assistance. The practice took all steps necessary to review and support these patients, some of whom had more complex needs. No patient had ever been turned away.

We saw other examples of outstanding responsiveness to patients needs, particularly those patients who could be vulnerable, and for whom family contact was absent or very limited. We saw instances were GPs had attended patients houses at the request of other government departments, for example, the Department of Work and Pensions (DWP). In one case we saw how a patient, who had not left their house in over a decade, was visited by a GP who could not gain access to the property. The GP notified social services who could only respond in the evening. The GP stayed at the property throughout the day eventually gaining access in the early evening. This case was then taken on by local social workers, who had been unaware of the plight of the vulnerable patient.

We saw how GPs at the practice convened multi-disciplinary meetings to aid and develop shared care of those patients experiencing poor mental health. This had included inviting the adult Psychiatrist and the Primary Care Mental Health Liaision Practitioner to these meetings to review care plans, progress with patients on Community Treatment Orders (CTO), and review prescribing audits in respect of these patients.

We saw that in the short time that the new partners had been in place, a number of priorities had been highlighted, one of which dementia screening, diagnosis and referral for treatment. The practice has 12% of patients over the age of 75 years. The work done by the practice was commented on by Mersey Care NHS Trust, who reported that average dementia diagnosis rates had improved at the practice, from 34% in October 2014 to 48% in March 2015, according to figures from NHS England.

The practice could demonstrate how they had responded quickly to QOF data which showed areas of patient care could be improved. In the example of diabetes care, this had previously been managed by a GP. Since the new partnership has been formed, this area of care has been taken on by the advanced nurse prescriber and practice

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

nurse. The practice quickly and methodically reviewed all patients with raised HbA1c at risk of diabetes, and all patients on the practice diabetes register. We saw how the practice nurse had been upskilled to carry out this work and how patient access to clinical advise had improved. The latest QOF data available to CQC at the time of this inspection has already shown improvements in the care of diabetes patients, as referenced at page 13 of this report.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, with an extended hours surgery offered on Tuesday evening from 6.30pm to 8pm.

Appointment times were from 8.10am to 12.20pm on a Monday, and on Tuesday to Friday morning morning from 8.10am until 11am. Afternoon appointments are from 3pm to 5.50pm Monday to Friday. An extended hours surgery is offered on Tuesday evening from 6.30pm to 8pm.

In addition to pre-bookable appointments that could be booked up to 12 weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to and above local and national averages. People told us on the day that they were were able to get appointments when they needed them.

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.2% and national average of 74.9%.
- 99% patients said they could get through easily to the surgery by phone (CCG average 67.8%, national average 73.3%).
- 99.2% patients described their experience of making an appointment as good (CCG average 75.8%, national average 73.3%.
- 90.4% patients said they usually waited 15 minutes or less after their appointment time (CCG average 74.7%, national average 64.8%).

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 and that this was accessible, easy to understand and written in plain English. The practice information leaflet gave contact details of the practice manager, who could be approached at any time with concerns or complaints patients may have.
- The practice manager set out the days they were available at the practice to speak to, helping patients avoid unnecessary calls to the practice.
- We also noted that the practice responded quickly to points raised in patient surveys. For example, patients had commented that some of the fabric seating in the waiting area looked slightly soiled. In response the practice had the seating cleaned over the following weekend.
- Patients had commented following building extension work that the entrance door to the practice was heavy and for some people, an automatic door would be preferable. We saw that the practice had factored the replacement of the entrance door into the business planning for the next three years. In the meantime, a bell was available for any person to press to signal they needed help opening the door.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and that formal responses sent to patients set out what changes would be made to prevent similar things from happening again. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

For example we saw how on one occasion, personal information was sent to the wrong patient, regarding their care and treatment. Both patients had the same first and surnames. Following this all staff used both name, date of birth and patient NHS number checks to ensure the correct information was sent to the correct patient.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was embraced by staff. All staff understood this and embraced the values of openness, honesty, transparency and professionalism
- The practice had a robust strategy and supporting business plans which reflected the vision and values.
- Although the new partners had only been in place for 12 and six months respectively, they had conducted an indepth analysis on the strengths, weaknesses, opportunities and threats (SWOT) to the levels of service they wished to deliver. Findings were divided into clinical priorities and organisational changes needed.
- Improvements had already been delivered by working through the list of targeted areas.

Governance arrangements

The practice had an overarching 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.
- All staff had a comprehensive understanding of the performance of the practice. We saw how all staff were involved in QOF related activity, that drove quality improvements rather than focussing on targets.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We saw the large amount of work GPs and admin staff had to do to try and amalgamate patient information that had not been successfully transferred during an IT migration exercise. Emergency governance processes in place focussed on how any risk to patient well-being could be managed whilst waiting for the IT provider to provide a fix for this issue.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and were confident that any concerns or ideas would be listened to.

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

When there were unexpected or unintended safety incidents:

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

When the new partners had started at the practice a review of patient medication showed some patients were prescribed medicines that did not fit with current prescribing guidance. Both partners addressed this issue with patients. When patients had complained about this, complaints were handled in the correct way and followed the complaints policy of the practice. However, we noted that where prescribing had not previously followed best practice guidance, the partners had not reported this to the appropriate body, or considered the impact of failing to report this. As a result of this, some further follow up action was missed. When we spoke with the partners at the end of the day we discussed how some issues would have included reporting inappropriate prescribing by other health professionals to the relevant professional and regulatory body. The partners acknowldged that even if a clinician is no longer registered to practice, such reports should still be made.

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

Are services well-led?

Requires improvement

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, were confident in doing so and felt supported if they did. We also noted that team away days had been held, for example a team building barbeque had been hosted by the partners on arrival at the practice.
- 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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG commented that the entrance door to the practice was heavy and that some patients may find it difficult to use, such as those with reduced mobility or mothers with prams.
- The practice had also gathered feedback from staff through practice meetings and at shared learning events. 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.

Continuous improvement

The practice staff and partners sought to continually improve the levels of service offered as well as the range of clinical services available. This was done by working more closely with other clinicians within the locality, as well as plans being implemented to provide more services directly from the practice, such as contraceptive service and surgical procedures. The GP partners planned to deliver surgical procedures but had not registered themselves for this regulated activity with the Care Quality Commission. The GP partners had recently completed training to deliver contraceptive services from the practice, and had advertised this service to patients but had not registered for this regulated activity with the Care Quality Commission. The practice has acted immediately to rectify this. We were given assurances that these two new regulated activities had not yet been delivered.

The practice has forged strong links with the Chronic Care Co-Ordinator for the area, in order to support quality of care for 48.9% of patients on the practice register who have a long standing health condition. The Co-ordinator works with GPs and practice nurses to offer a support and follow-up service to patients following hospital discharge. The Co-ordinator attends monthly MDT meetings at the practice and reports back interventions with patients. The aim is to prevent re-admission of patients to hospital. By linking in with the Co-ordinator, the practice proactively manage cases of COPD, Asthma, Heart failure, AF, Diabetes, Dementia, Parkinson's, Motor Neurone Disease and Liver failure patients, but primarily respiratory and frail elderly patients. During the month of January 2015, there were 24 referrals to the service from Ainsdale Village Surgery, resulting in a 179.5 % increase in community contacts. This led to a 42% reduction in emergency admissions from this practice, as compared to the same period in the previous year. The further effect of this was that GPs had more time in surgery, pro-actively addressing other areas within the practice improvement plan.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Family planning services Surgical procedures	Section 10 HSCA Carrying on a regulated activity without being registered The provider is failing to comply fully with the provisions of Section 10 of the Health and Social Care Act 2008. The provider was not registered for the delivery of the regulated activities, as per definitions contained in Schedule 1 of the 2014 Regulations, of surgical procedures and family planning, which were being offered to patients at the practice.