The 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?	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 The Village Surgery on 19 February 2016. Overall the practice is rated as good.

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

- The practice is situated in a large purpose built health centre with access to other services such as phlebotomy. The practice was clean and had good facilities including disabled access, translation services and a hearing loop.
- There were systems in place to mitigate safety risks including analysing significant events and safeguarding.
- Patients' needs were assessed and care was planned and delivered in line with current legislation.
- 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. The practice sought patient views about improvements that could be made to the service; including carrying out surveys and having a patient participation group (PPG) and acted, where possible, on feedback.
- Many of the staff had worked at the practice for a long time and knew the patients well. Staff worked well together as a team and all felt supported to carry out their roles.

However, there were areas where the provider should make improvements:

- Have a monitoring system in place for any blank prescriptions still in stock.
- Strengthen communications between all staff by having policies and procedures readily available to all staff and facilitating the attendance of all staff at staff meetings.
- Produce information that is readily available for locum GPs (locum induction pack)
- Hold regular reviews of significant events and complaints over set periods of time to identify any trends to help improve the service provided.

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?

Good

The practice is rated as good for providing safe services. The practice took the opportunity to learn from internal incidents and safety alerts, to support improvement. There were systems, processes and practices in place that were essential to keep patients safe including medicines management and safeguarding.

Are services effective?

Good

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Clinical audits demonstrated quality improvement. Staff worked with other health care teams. Staff had received training relevant to their roles.

Are services caring?

Good

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. 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.

Are services well-led?

Good

The practice is rated as good for being well-led. The practice proactively sought feedback from staff and patients and had an active PPG. Administration and nursing staff had received inductions and attended staff meetings and events. However, improvements could be made in communications by facilitating the attendance of salaried GPs at staff meetings.

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 providing services for older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits and care home visits. The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for the over 75s.

People with long term conditions

Good

The practice is rated as good for providing services for people with long term conditions. The practice had registers in place for several long term conditions including diabetes and asthma. Longer appointments and home visits were available when needed. All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for providing services for families, children and young people. The practice regularly liaised with health visitors to review vulnerable children and new mothers. 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.

Working age people (including those recently retired and students)

Good

The practice is as rated good for providing services for working age people. The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. For example, the practice offered extended hours on a Monday and Tuesday morning and a Monday evening. Additional facilities were available for making appointments for example, online.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for providing services for people whose circumstances make them vulnerable. The practice held a register of

Summary of findings

patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability.	
People experiencing poor mental health (including people with dementia) The practice is rated as good for providing services for people experiencing poor mental health. Patients experiencing poor mental health received an invitation for an annual physical health check. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically. The practice worked with local mental health teams.	Good 

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 (from 111 responses which is approximately equivalent to 2% of the patient list) showed the practice was performing above local and national averages in certain aspects of service delivery. For example,

- 73% of patients with a preferred GP usually got to see or speak to that GP compared to a CCG average 58%, national average of 59%.
- 76% of respondents usually wait 15 minutes or less after their appointment time (CCG average 62%, national average of 65%.
- 94% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).

However, some results showed below average performance, for example,

- 64% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.

In terms of overall experience, results were comparable with local and national averages. For example,

- 92% described the overall experience of their GP surgery as good (CCG average 87%, national average 85%).
- 90% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received one comment card which was complimentary about the service provided. We also spoke with four representatives of the patient participation group who told us in their experience, GPs took the time to understand and respond to individuals needs and were very caring in their approach.

The Village Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist advisor.

Background to The Village Surgery

The Village Surgery is based in Garston, a suburb of Liverpool, within a large purpose built NHS Treatment Centre. There are car parking facilities and several other NHS facilities on the same site including physiotherapy, radiology and a pharmacy. There were 6100 patients on the practice register at the time of our inspection.

The practice is managed by two full time GP partners and there is one salaried and one regular locum GP. There is an advanced nurse practitioner, one practice nurse and a health care assistant. Members of clinical staff are supported by a practice manager, reception and administration staff.

The practice is open 8am to 6.30pm every weekday. There are extended hours appointments on Monday and Tuesday mornings from 7.15 am to 8am and Monday evenings until 8pm.

Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, provided by Urgent Care 24 by calling 111.

The practice has a Personal Medical Services (PMS) contract and has enhanced services contracts which include childhood vaccinations.

Why we carried out this inspection

We inspected this service as part of our 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

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

Detailed findings

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 19 February 2016.
- Spoke to staff and representatives of the patient participation group.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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 and incidents. 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 practice carried out a thorough analysis of the significant events. Significant events were discussed at staff meetings. However, salaried and locum GPs did not attend these meetings but did have access to minutes.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

Further improvements could be made by reviewing all significant events over a period of time to identify any trends. The practice shared lessons as a result of significant event analysis with other stakeholders when necessary.

The practice had systems in place to cascade information from safety alerts and were aware of recent alerts.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. There were practice policies but these were not accessible to all GPs on their computer systems. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and there was additional flowcharts in the consulting rooms. There was a lead GP for safeguarding vulnerable adults and another lead GP for safeguarding children. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS
- The practice was clean and tidy. Monitoring systems and cleaning schedules were in place. The senior GP partner was the infection control clinical lead, however staff were not aware of this. There was an infection control protocol and staff had received up to date training. Infection control audits were undertaken. Staff told us there were spillage kits but these could not be located at the time of our inspection. There were appropriate clinical waste disposal arrangements in place.
- 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. Emergency medication was checked for expiry dates.
- Prescription pads used for printers were securely stored and there were systems in place to monitor the use of all prescriptions. However, there was no record of what blank prescriptions for home visits were available on the premises.
- We reviewed three personnel files and found 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 DBS.

Monitoring risks to patients

- 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 a staff room which identified local health and safety representatives. 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Good

Are services safe?

- 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.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available in one of the treatment rooms.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There were first aid kits available. Staff told us there was an accident book however this could not be located at the time of the inspection and the practice manager told us they would buy a new one.
- There was no written medical emergency protocol for staff. We witnessed a medical emergency during the inspection. The GP had dealt with the medical emergency, however, the transfer of the patient to the ambulance services could have been handled more appropriately by all parties. The provider assured us that this would be flagged up as a significant event and investigated and any appropriate remedial action would be undertaken.
- 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. Hard copies of the plans were available in each room but not all staff were aware of this.

Good

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 peoples' needs. The practice also had access to local guidelines such as 'the map of medicine'.

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

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 and held regular meetings to discuss performance. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 78% of the total number of points available. The practice also worked towards meeting local key performance targets. The practice had changes in its nursing staff and was working towards improvements.

Performance for mental health care and diabetes management was comparable to national averages.

The practice carried out a variety of audits that demonstrated quality improvement. For example, medication audits, minor surgery audits and clinical audits.

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. It covered such topics as infection prevention and control, fire safety, health and safety and confidentiality. All staff received information about health and safety issues for the building. However, there was no written information available for locum GPs (locum induction pack). Instead they were asked to speak to the practice manager or GPs directly if they required assistance and the staff themselves told us they felt well supported to carry out their roles.
- 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. Training included: safeguarding, fire procedures, and basic life support, equality and diversity and information governance awareness. Staff had access to and made use of e-learning training modules.
- All staff had had an appraisal within the last 12 months.

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.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice liaised with local mental health teams.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. GPs were aware of the relevant guidance when providing care and treatment for children and young people. Minor surgery was carried out and verbal consent

Good

Are services effective?

(for example, treatment is effective)

was recorded on patient notes but there were no consent forms available. The provider agreed that in some cases the use of consent forms would be a more appropriate method of recording consent and would check this in future.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service or referred to the in house health trainer.

The practice was aware of the challenges they faced with the patient population they served. They had identified that not all patients actively sought screening tests. The practice had also identified through audit work, that they had a higher percentage of breast cancers and rarer forms of cancers in the patient population and actively encouraged family members to attend screening and for doctors to be more vigilant in their approach. The patient participation group met every six weeks and were keen to become involved in projects focusing on patient wellbeing and awareness.

The practice carried out vaccinations and performance rates were in line with local and/or national averages for example, results from 2013-2014 showed:

- Childhood immunisation rates for the vaccinations given to two year olds and under ranged from 81% to 96% compared with CCG averages of 83% to 97%. Vaccination rates for five year olds ranged from 84% to 98% compared with local CCG averages of 88% to 97%.

Good

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.

Results from the national GP patient survey published in January 2016 (from 111 responses which is approximately equivalent to 2% of the patient list) showed patients felt they were treated with compassion, dignity and respect. For example:

- 95% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 94% said the GP gave them enough time (CCG average 90%, national average 87%).
- 94% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 93% said they found the receptionists at the practice helpful (CCG average 88%, national average 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. 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:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 89% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%)
- 92% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%)

Staff told us that translation services were available for patients who did not have English as a first language.

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's computer system alerted GPs if a patient was also a carer. 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 and offered a longer appointment to meet the family's needs.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups. For example;

- There were longer appointments available for people with a learning disability or when interpreters were required.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were translation services and a hearing loop available.
- Regular minor surgery clinics were held to reduce the number of referrals to secondary care.

Access to the service

The practice is open 8am to 6.30pm every weekday. There are extended hours appointments on Monday and Tuesday mornings from 7.15 am to 8am and Monday evenings until 8pm. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, provided by Urgent Care 24 by calling 111.

Results from the national GP patient survey published in January 2016 (from 111 responses which is approximately equivalent to 2% of the patient list) showed that patient's satisfaction with how they could access care and treatment was comparable with local and national averages. For example:

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 64% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 84% of respondents were able to get an appointment to see or speak to someone last time they tried (CCG average 85%, national average 85%).

The practice had recognised patient dissatisfaction in being able to get through to the surgery by phone and had altered the timings for afternoon on the day access but was yet to evaluate the outcome of the changes made.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in a practice information leaflet at the reception desk. The complaints policy clearly outlined a time frame for when the complaint would be acknowledged and responded to and made it clear who the patient should contact if they were unhappy with the outcome of their complaint.

We reviewed complaints and found both verbal and written complaints were recorded and written responses for which included apologies were given to the patient and an explanation of events. Actions had been taken where necessary for example; staff had been trained in customer care and how to deal with more aggressive patients.

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 described their purpose as to provide their patients with high quality personal health care, continually seeking improvement in the health status of the practice population overall. The practice had discussed its values as a team. The practice aimed to provide their patients with services that they would be confident to use themselves and promoted an open culture and encouraged staff to suggest ways to improve their services.

Governance arrangements

We were advised that policies and procedures were being updated in stages by the advanced nurse practitioner and staff were being encouraged to carry out other roles. Evidence reviewed demonstrated that some aspects around governance could be improved. For example, policies were available on the computer but not to all members of staff. Changes were discussed at staff meetings or via emails. However, not all staff attended meetings and there was a risk of communication breakdown.

The practice :

- Had a system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- Had a system of continuous quality improvement including the use of audits which demonstrated an improvement on patients' welfare.
- Proactively gained patients' feedback and engaged patients in the delivery of the service and responded to any concerns raised by both patients and staff. For example, the patient participation group (PPG) were involved in the recruitment of staff.
- Encouraged and support staff via informal and formal methods including structured appraisals to meet their educational and developmental needs.

Leadership, openness and transparency

Staff felt supported by management. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues with the practice manager or GPs and felt confident in doing so. The practice had a whistleblowing policy and all staff were aware of this.

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.

- There was an established PPG and the practice had acted on feedback. For example, the practice had moved its appointment bookings for the afternoon to enable patients to call from 12 noon.
- The practice used the NHS Friends and Family survey to ascertain how likely patients were to recommend the practice.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice team was forward thinking and took an active role in locality meetings. The practice actively involved its entire staff to be involved in continuous improvement. This was demonstrated by a newly appointed nurse being involved in the production of new incident recording forms and trialling a new telephone clinic, at a set time, to discuss any questions patients may have about their treatment, in particular if they had been newly diagnosed with a medical condition.