Wingate Medical Centre

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

We carried out an announced comprehensive inspection at Wingate Medical Centre on 13 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Feedback from patients about their care was consistently positive.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice had introduced a new appointment model called a 'Physician health assessment by telephone, (Phat.) This meant that all patients ringing the practice for an appointment received a telephone call back from a GP to discuss their needs and requests. The majority of patients liked the appointment system whereby they always spoke to a GP when needing an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had strong and visible clinical and managerial leadership and governance arrangements. The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

Summary of findings

- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice invested in employing a diverse group of staff such as their own pharmacist and data technician to help them manage and develop their services.

- The practice used innovative and proactive methods to improve patient outcomes. The practice were proactive in developing their service and introducing new models of support such as their 'Compound assessment model' to help benefit their patients and their introduction to an intervention known as 'Mindfulness.'
- The provider was aware of and complied with the requirements of the duty of candour.

There were areas of outstanding practice as follows:

- The practice had recently introduced a new model of support, the 'Compound assessment model.' The model supported a detailed review each year for patients with long term conditions and included four different professionals including: a health care assistant, a behaviourist, a practice nurse and a GP. The aim of the review was to provide a one stop shop helping patients to understand their condition and improve the way their condition was managed both at the practice and at home.
- The practice had introduced a series of clinics and services, including phlebotomy, travel vaccines, midwifery clinics, talking therapies provided by a councellor from the Primary Care Psychological Therapies Service (IAPT) and mindfulness sessions for supporting the wellbeing of patients. Some of the services provided onsite meant that patients could have their needs met at the local practice rather than travelling to the local hospital/external clinics.

The areas where the provider should make improvement are:

- Review recording systems for significant events so the outcomes and actions of all events are clearly identified and shared within staff teams.
- Develop a recording system for the management of blank prescriptions to show a clear audit trail of how they were managed.
- Review the strategic planning of completed audits for the practice.

Letter from the Chief Inspector of General Practice

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. Some incidents needed further review to show what actions had been taken to reduce risks and to show effective monitoring systems to incorporate all identified risks.
- When things went wrong patients received support and a written apology.
- Medicines management was well organised and well managed.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The practice had well managed systems to show how data was utilised within the practice.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement, although they lacked a strategic plan to show how they were planned and reaudited.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. The recording systems for managing training were being developed and staff recognised that some aspects with the records needed updating to show evidence of updated training for all staff.
- There was evidence of developments for appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect and they maintained patient confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Most patients said they found it easier to make an appointment with a GP by accessing their telephone appointment system where they always spoke to a GP a system known as 'Phat.' However a small number of patients expressed their inconveniences in waiting at home for a GP to ring them back. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice 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 it. The practice had invested in additional staff to help manage medicines management and their data systems.
- 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. The practice were proactive in developing their service and introducing new models of support such as their 'Compound assessment model' to help benefit their patients and their introduction to 'Mindfulness'(an intervention designed to aid in stress reduction and to help pay attention to peoples thoughts and feelings without judging them.)

Summary of findings

- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. Practice GPs were involved at a strategic level in the Clinical Commissioning Group (CCG) and in national medical research.
- 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 proactively sought feedback from staff and patients, which it acted on. There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The patient participation group supported patients' needs and welfare.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

- The practice offered proactive, personalised care and treatment to meet the needs of the older people in its population. The community matron provided case management for patients with complex needs and multiple conditions. T
- he practice kept up to date registers of patients with a range of health conditions (including conditions common in older people) and used this information to plan reviews of health care and to offer services such as vaccinations for flu.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were similar to or better than local and national averages.
- GPs carried out weekly visits to local care homes to assess and review patients' needs.

Home visits and urgent appointments were provided for patients with enhanced needs.

People with long term conditions

Outstanding

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

- The GPs had lead roles in chronic diseases and practice nurses held dedicated lead roles for chronic disease management. As part of this they provided regular, structured reviews of patients' health. They had recently introduced a new model of support, the 'Compound assessment model.' The model supported a detailed review each year including four different professionals including a health care assistant, a behaviourist, a practice nurse and a GP. The aim being to provide a one stop shop helping patients to understand their condition and improve the way their condition is managed both at the practice and at home.
- Data showed that the practice was higher than and comparable with other practices nationally for the care and treatment of people with chronic health conditions such as diabetes. For example, the percentage of patients with diabetes, on the register, who had had an influenza immunisation was 99.45% compared to a national average of 94.45%.
- Longer appointments and home visits were available when needed. Staff had received training to help 'flex' appointments were needed with the practice nursing teams appointments to help facilitate good access to the practice nurse.

Summary of findings

- The practice held regular multi-disciplinary meetings to discuss patients with complex needs.

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 those who were at risk. A GP was the designated lead for child protection.
- Staff we spoke with had appropriate knowledge about child protection and they had access to safeguarding policies and procedures.
- Child surveillance clinics were provided for 6-8 week olds and immunisation rates were comparable to the national average for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Baby clinics were held on a regular basis.
- Family planning services were provided and signposted to other local services.
- The practice was performing comparably to the local and national averages for cervical screening, data showed that the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 80.22% compared with 81.83%.
- Support is provided and signposted for services such as smoking cessation, alcohol and substance misuse.

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.
- Telephone consultations were available and this meant patients did not always have to attend the practice in person.
- The practice provided a full range of health promotion and screening that reflected the needs of this age group.
- The practice was proactive in offering online services including the booking of appointments and request for repeat prescriptions. Electronic prescribing was also provided.

Summary of findings

- The practice held minor surgery clinics each week with a selection of morning and evening appointments.
- A phlebotomy service was provided daily from 8am.

People whose circumstances may make them vulnerable

Outstanding 

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

- The practice held a register of patients living in vulnerable circumstances in order to provide the services patients required. For example, a register of people who had a learning disability was maintained to ensure patients were provided with an annual health check.
- The practice offered longer appointments for patients with a learning disability. Medical receptionist were given permission to flex the appointment system as needed to facilitate good access. They involved carers and arranged appointments for when they could be present to attend.
- The practice have employed their own onsite pharmacist who provides support to patients both face to face and via the telephone whenever patients needed this support, including on discharge from hospital.
- 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.
- The practice support diverse groups of patients including a local women's refuge, hostel and a violent patient's scheme.
- The practice supported patients in accessing food bank vouchers when needed.
- The practice was accessible to people who required disabled access and facilities and services such as a hearing loop system (used to support patients who wear a hearing aid) and translation services were available.
- Information and advice was available about how to access a range of support groups and voluntary organisations.
- The practice facilitates a group known as TASC (Tailored Advice and Support for Communities). They attend weekly offering clinics for patients requiring information and advice with welfare benefits, council tax arrears, rent arrears, money and budgeting, fuel consumption and reducing outgoings.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

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

- Data about how people with mental health needs were supported showed that outcomes for patients using this practice were comparable to national averages.
- The practice provided an enhanced service for screening patients to identify patients at risk of dementia and to develop care plans with them.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health and invited patients to these meetings.
- Processes were in place to prompt patients for medicines reviews at intervals suitable to the medication they took.
- Patients experiencing poor mental health were informed about how to access various support groups and voluntary organisations. The Primary Care Psychological Therapies Service (IAPT) was based at the practice and offered various support to patients.
- The practice had access to support from the Primary Care Mental Health Liaison Practitioner for Kirkby.

Summary of findings

What people who use the service say

The national GP patient survey results were published on published in January 2016.The results showed the practice was performing in line with local and national averages,412 survey forms were distributed and 111 were returned. This represented approximately 1% of the practice's patient list.

- 84% of patients were 'very satisfied' or 'fairly satisfied' with their GP practice opening hours compared with the national average of 78.3%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 71% of patients described the overall experience of this GP practice as good compared to the national average of 73%.
- 79 % of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 111 comment cards, the majority were positive about the standard of care received. Patients said staff were caring and supportive and always gave then enough time to talk. We heard that GPs were good at listening to patients without them feeling hurried. We spoke with four patients during the inspection plus 10 members of the Patients Participation Group (PPG). All 14 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Five patients felt they had problems with the appointment system.

Areas for improvement

Action the service SHOULD take to improve

- Review recording systems for significant events so the outcomes and actions of all events are clearly identified and shared within staff teams.
- Develop a recording system for the management of blank prescriptions to show a clear audit trail of how they were managed.
- Review the strategic planning of completed audits for the practice.

Outstanding practice

- The practice had recently introduced a new model of support, the 'Compound assessment model.' The model supported a detailed review each year for patients with long term conditions and included four different professionals including: a health care assistant, a behaviourist, a practice nurse and a GP. The aim of the review was to provide a one stop shop helping patients to understand their condition and improve the way their condition was managed both at the practice and at home.
- The practice had introduced a series of clinics and services, including phlebotomy, travel vaccines, midwifery clinics, talking therapies provided by a councilor from the Primary Care Psychological Therapies Service (IAPT) and mindfulness sessions for supporting the wellbeing of patients. Some of the services provided onsite meant that patients could have their needs met at the local practice rather than travelling to the local hospital/external clinics.

Wingate Medical Centre

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 adviser and a specialist practice manager.

Background to Wingate Medical Centre

Wingate Medical Centre is registered with CQC to provide primary care services. The practice is a long established GP practice within Kirkby in a purpose built building. The practice has a Primary Medical Services (PMS) contract with a registered list size of 12368 patients (at the time of inspection). The practice is based in one of the more deprived areas when compared to other practices nationally. The male life expectancy for the area is 75 years compared with the CCG averages of 76 years and the national average of 79 years. The female life expectancy for the area is 79 years compared with the CCG averages of 80 years and the national average of 83 years. The practice offers a range of enhanced services including minor surgery, flu vaccinations, timely diagnosis of dementia and learning disability health checks.

The practice has eight GP partners and seven salaried GPs (nine male GPs and six female GPs). They have one practice manager, a deputy manager, an I.T. technician, a pharmacist, four practice nurses, four domestic staff, three health care assistants and a number of administration and reception staff. The practice is a training practice for General Practitioner registrars. It is also a teaching practice hosting medical students on placement.

The practice has an appointment model where all patients receive a phone call from the GP to ascertain their needs. The practice is open Monday to Friday from 8am to 6.30pm. General practitioners start appointments and telephoning patients from 8am throughout the day. Patients requiring GP services outside of normal working hours are referred on to the local out of hours provider, Urgent Care 24.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 April 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

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

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would report any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, and an apology. However, when we asked two staff about some of the previously recorded incidents, some had no knowledge of one incident and were unaware of actions taken following one of the incidents. The practice carried out an analysis of the significant events however the recording system had not always recording what actions had been taken following an incident and some reporting forms had not been completed with this information.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. However, training records had gaps to show evidence of updated training records/certificates. GPs were trained to child protection or child safeguarding level three.
- 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 maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Nominated staff were identified as the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The last infection control audit undertaken in April 2015 showed evidence that action was taken to address any improvements identified as a result and showed good compliance with infection control standards.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice employed their own pharmacist. The pharmacist provided support to patients and contacted them to offer support and advice with their review of their medications. The practice carried out regular medicines audits, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored however there was no recording system to record an audit rail of when they were stored and used. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed a sample of staff 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 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. 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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.
- **Arrangements to deal with emergencies and major incidents**

  The practice had appropriate 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. A first aid kit and accident book were 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 stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as building damage. It was recently put into action due to a recent power failure. The plan included emergency contact numbers for staff.

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 patients' needs.

Management, monitoring and improving outcomes for people

The practice used 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 QOF results showed that the practice had achieved 97.3% of the total number of points available. This was higher than the CCG average of 95.9% and the national average of 94.8%.

The practice employed their own staff to manage the data generated within the practice to help them monitor and audit their performance. They used their monitoring of data to help them identify areas of work needing further review. The monitoring of the practices performance was openly discussed amongst the team with transparent data shared and used to plan developments for their performance. Data showed year on year improvements to scores attained within QOF. This practice was not an outlier for any QOF (or other national) clinical targets.

Data from April 2014 – March 2015 showed:

- Performance for diabetes related indicators was comparable and higher than the national average. For example, the percentage of patients with diabetes, on the register, who had had influenza immunisation was 99.4% compared to a national average of 94.4%.
- The performance for mental health related indicators was comparable and higher than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 94.2% compared to a national average of 88.4%.
- We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. We found there had been a number of clinical audits completed in the last three years. We looked at two completed audits where the improvements made were implemented and monitored. Audits seen covered the early diagnosis of cancer and an audit for hypertension. One of the audits showed an increase in the number of patients assessed and treated in line with current evidence based guidance for the treatment of hypertension. The practice engaged in regular clinical and internal audit to monitor quality and to make improvements. They could improve their audit by developing a programme of prospective audits, which are agreed and completed and tailored to the needs of the practice.
- Clinicians attended a weekly clinical meeting to discuss clinical matters and review the care and treatment provided to patients with complex needs. Multi-disciplinary meetings were also held to review the care and treatment provided to people receiving end of life care.
- The practice had introduced a series of clinics and services, including phlebotomy, travel vaccines, midwifery clinics, talking therapies provided by a counsellor from the Primary Care Psychological Therapies Service (IAPT) and mindfulness sessions for both supporting the wellbeing of patients and staff. Some of the services provided onsite meant that patients could have their needs met at the practice rather than travelling to the local hospital/external clinics.
- **Effective staffing**
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Good

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. A part time pharmacist had been employed for some time at the practice. The management team had invested in this role and it had shown very positive results in the quality of their prescribing.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training necessary for their role. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Most staff had received an appraisal within the last 12 months and the practice manager was developing a system to ensure all staff received regular appraisals now that she was fully established in her role. Staff we spoke with told us that they were fully supported within the practice both with their training needs and via the management team.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, external and in-house training. Managers acknowledged the need to update their training records to better reflect the training needs and training undertaken by all of the staff team.
- **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 professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.
- **Consent to care and treatment**

  Staff sought patients' consent to care and treatment in line with legislation and guidance.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- 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, recorded the outcome of the assessment.
- **Supporting patients to live healthier lives**
- The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 80.2%, which was comparable with the national average of 81.8%. The practice staff spoke about the challenges they faced and their review of data over the years showed a year on year improvement to the uptake of patients attending for smears. The

Good

Are services effective?

(for example, treatment is effective)

practice demonstrated how they encouraged uptake of the screening programme. The practice had a policy to offer telephone reminders and letters for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice had systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

- The practice had introduced a new 'Compound assessment model' to offer overall review and support to patients with an initial lengthy appointment and two further appointments covering 45 minutes. Staff told us that although the model had only been introduced over the last eight weeks they had already received positive feedback from the local diabetic team. They told us the team had identified good practice and good outcomes for their patients. The practices patient booklet had supporting information to help and advise patients on self managing minor ailments such as coughs and colds. The booklet and supporting documents available at the practice helped explain how patients could take good care of their health.
- Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81.9% to 97.2% compared with the CCG averages 83.6% to 98.2%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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 and treatments.
- We noted that consultation and treatment room doors were closed during consultations.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. The PPG group felt they had been instrumental in raising the need for a private area within reception. The practice had developed their facilities to offer a private room next to the reception to assist with patient confidentiality and privacy.

Most of the 111 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect. We spoke with four patients during the inspection plus 10 members of the Patients Participation Group (PPG). All 14 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Five patients felt they had problems with the appointment system with three people who felt they had to wait too long for a phone call from the practice.

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

- 92.5% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89.3% and the national average of 88.6%.
- 86.9% of patients said the GP gave them enough time compared to the CCG average of 87.4% and the national average of 86.6%).
- 98.7% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94.7% and the national average of 95.2%.
- 86.5% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85.3%.
- 96.1% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 90.5%.
- 92.4% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89.7% and the national average of 86.8%.
- **Care planning and involvement in decisions about care and treatment**

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

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

- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91.3% and the national average of 89.6%.
- 80.2% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 81.6%.
- 89.1% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.
- The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. The practice had developed a very detailed patient information booklet that described all aspects and services offered within the practice and external services. The booklet described the services offered and detailed all relevant contact details including an index list of useful telephone numbers including the local hospitals, hospices and out of hours services.

- The practice supported diverse groups of patients including a local women's refuge and a local hostel.
- The practice supported patients in accessing food bank vouchers when needed.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 140 patients as carers The practice had designated staff referred to as; carers champions.' Staff signposted patients to relevant support organisations and written information was available to direct carers to the various avenues of support available to them. Staff told us they often went the "extra mile" for their patients such as: arranging taxis for patients, dropping off prescriptions to patients on their way home or assisting with difficult or vulnerable patients.

  Staff told us that if families had suffered bereavement, that staff tried to attend their patients funeral and that on occasions the GP's had been asked to say a few words at the patients funeral.

Good

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:

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice used social media to help engage with various patient groups to help communicate information around health and information about the practice.
- There were disabled facilities, a hearing loop and translation services available. The practice continued to review patient access and staff told us they were reviewing accessibility via the front access following comments and suggestions raised by one patient.
- Electrocardiograms (ECG) were being conducted by the practice. This provided an improved service for patients, negating the need to go to hospital for the procedure.
- The practice is based in a deprived area of Kirkby. the practice facilitated a group known as Tailored Advice and Support for Communities (TASC). They offered weekly clinics for patients requiring information and advice with welfare benefits, council tax arrears, rent arrears, money and budgeting, fuel consumption and reducing outgoings.
- **Access to the service**

  The practice was open between 8am to 6.30pm Monday to Friday. Appointments were from 8am to 6.30pm. The practice had introduced a new appointment model called a 'physician health assessment by telephone (PHAT). This meant that all patients ringing the practice for an appointment received a telephone call back from a GP to discuss their needs and requests. The GP consulted with each patient to decide if they need to be seen urgently or at a later time or whether the issues could be dealt with via the phone. In addition to pre-bookable appointments, 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 local and national averages.

- 84.6% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- Patients told us on the day of the inspection that they were able to get appointments when they needed them. However, five people told us they had experienced problems accessing the practice via the phone and were inconvenienced in waiting for a staff member to ring them back with no fixed time.
- Results from the national GP patient survey showed that:

- 66% of patients said they could get through easily to the practice by phone compared to the national average of 73.2%).
- The practice had collated detailed data over the last few years to show what work they had carried out to identify time periods of high demand to their phone system. They had also monitored the effects and results of patient access following their introduction to their new appointment system. They were transparent in their approach and informing their patients of what actions they had taken in response to patient comments about appointments and accessing phones. They had displayed their actions and response to their patient surveys in their reception area to keep patients fully informed and up to date. They advised patients they had recruited new staff including three more GPs; they had increased the medical receptionist hours and were recruiting for a further practice nurse to help improve staff availability to patient's appointments. Staff told us that medical receptionist had also been given permission to 'flex' (book) appointments when needed. This helped facilitate good access to individual patient's needs, for example: patients with social phobias or paranoia were not expected to wait long periods of time

Good

Are services responsive to people's needs?

(for example, to feedback?)

in the waiting area. Patients that had hearing impairments who would rather not use their phone for a Phat call would just be booked straight in for a face to face appointment.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

- **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 for example complaints posters were seen in the patient waiting room and a leaflet was available.
- We looked at three complaints and one suggestion received in the last 12 months and found they had been dealt with in a responsive and caring way. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of the service. The practice had also stored patient complements which showed a high regard from patients towards the practice and the service they received.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement and staff knew and understood the values. The practice had a robust strategy and a supporting five year business plans which reflected the vision and values and were regularly monitored. The GPs were innovative in their approach and striving to develop new idea and initatives for the practice. They discussed various plans such as video consultations that they were hoping to commence and a self care tool called 'Health Pal' to help patients with self care and support of their health needs.

Governance arrangements

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

- There was a clear staffing structure and staff was aware of their own roles and responsibilities. The practice had a detailed list of each staff member and their designated roles and responsibilities. All staff members took responsibility for a particular role and clearly worked as an effective team.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained and documented. Various development plans and audits showed close monitoring of the developments and performance of the practice.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and management team were approachable and always took the time to listen to all members of staff. Practice GPs were involved at a strategic level in the Clinical Commissioning Group (CCG) and in national medical research.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice had systems in place to give affected patients support and a verbal/ written apology that was transparent and open in approach.

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

- Staff told us the practice held regular team meetings. Minutes of meetings showed that various topics were transparently discussed and shared with staff on a regular basis.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted protected learning time was provided for the whole practice on a regular basis.
- Staff said they felt respected, valued and supported and the ones we spoke with said they enjoyed working at the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, and submitted proposals for improvements to

Are services well-led?

Good

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

the practice management team. For example, they worked together with the practice to develop a confidential area away from the main reception area. The practice displayed a lot of information accessible to patients in the reception area to help keep them fully informed. They responded to the results of patient's surveys and displayed actions they had taken in response to their comments to appointments and accessing the phones.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. 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

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and innovative in developing various initiatives to improve outcomes for patients in the area.
- For example the 'Compound assessment model.' The model supported a detailed review each year for patients with long term conditions and whist still in its infancy the staff team had already received positive responses from the local diabetic team.
- The practice had introduced a series of clinics and services, including phlebotomy, travel vaccines, midwifery clinics, talking therapies provided by a counselor from (IAPT) and more recently they had introduced mindfulness sessions for both supporting the wellbeing of patients and staff. Some of the services provided onsite meant that patients could have their needs met at the local practice rather than travelling to the local hospital/external clinics.
- The practice had introduced a new appointment model called a 'physician health assessment by telephone, (Phat.) This meant that every patient would get to speak to a GP to discuss their issues and it was a system that was continually monitored to ensure it was meeting the needs of their patients.
- The practice had invested in their staffing and skill mix to help improve the services and efficiency of the practice. They had invested in employing their own pharmacist and data/it technician to help benefit services for their patients.