

# Bridge Road 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

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bridge Road Medical Centre on 18 May 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 the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients commented that trying to get through to the practice by phone was difficult and that they found this frustrating.
- Patients said they could make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice acted positively in response to feedback from patients and staff.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

Having a failsafe system in place in relation to cytology screening;

Upgrading or making improvements to the telephone system to address complaints by patients that they cannot get through to the practice by phone.

# Summary of findings

Providing some extended hours opening for patients with work or caring commitments.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with or lower than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Patients expressed that getting through to the practice by phone was very difficult and could be frustrating.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Practice nurses and health care assistants visited housebound patients to deliver health care such as annual flu jabs, or to deliver shingles or other immunisations.
- The practice had identified those patients at risk of unplanned hospital admission and had agreed care plans in place for these patients.
- The practice was involved in work to identify those patients at risk of frailty; this will enable clinicians to tailor a package of healthcare support that assists those patients in staying well at home.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients who failed to attend appointments were contacted by phone and/or sent reminder letters up to three times before being classified as declining treatment.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Indicators for the care of diabetic patients were in line with local and national averages.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were in line with or slightly below local and national averages.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-65 whose notes record that a cervical screening test has been performed in the last five years, was 80% compared to the local clinical commissioning group (CCG) average of 82% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Feedback in the last National Patient GP Survey (published January 2016), showed 88% of patients said the last appointment they got was convenient for them.
- The practice GPs triaged calls of those patients who could not book an appointment and would see these patients on the day if necessary.
- The practice typically provided 54 telephone appointments each week.
- The practice had identified patients who were also carers; these patients were offered a double appointment if they needed it, to ensure they had enough time to discuss their health needs.

Good



## **People whose circumstances may make them vulnerable**

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

Good



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice lead on safeguarding worked on a weekly basis with health visitors and midwives to ensure that all updates on safeguarded patients were shared.

## People experiencing poor mental health (including people with dementia)

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

- The percentage of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months was 90%, which is higher than the national average of 84% and the CCG average of 82%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good





# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below national averages in some areas related to patient satisfaction.

In total 404 survey forms were distributed and 113 were returned. This represented 1.5% of the practice's patient list.

- 42% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 60% 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%.
- 73% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 66% 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 40 comment cards, 35 of which were positive about the standard of care received. Patient comments on five cards expressed that it was very difficult to get through to the practice by telephone.

We spoke with two patients following our inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Both patients told us the only negative comment they had was that it was very difficult to get through to the practice by phone.

## Areas for improvement

### Action the service SHOULD take to improve

Have a failsafe system in place in relation to cytology screening;

Upgrading or making improvements to the telephone system to address complaints by patients that they cannot get through to the practice by phone.

Providing some extended hours opening for patients with work or caring commitments.

# Bridge Road 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.

## Background to Bridge Road Medical Centre

Bridge Road Medical Centre is based in the Litherland area of Liverpool and falls within South Sefton Clinical Commissioning Group (CCG). The medical centre is run by a partnership made up of four GPs, three male and one female. The partnership GPs are supported by two salaried GPs, two practice nurses and a healthcare assistant. The practice is a teaching practice, hosting GP up to two GP registrars at a time.

The practice premises were purpose built in 1989. There are 10 consulting rooms, one of which is set up and used as a treatment room. All patient facilities and consulting rooms are on the ground floor, including two patient toilets, one of which is fitted with baby change facilities. Both toilets are accessible to wheelchair users. There is some car parking available but spaces are limited. There is one, clearly marked disabled parking space.

The combined clinical sessions of all the GPs equates to 4.38 working time equivalent GPs, excluding the working time of the GP Registrar at the practice. The combined clinical sessions of the two practice nurses equates to 1.43 working time equivalent nurses. The hours of the health care assistant (HCA) are not included in this figure.

The practice offers 478 face to face GP appointments each week; approximately 54% of these are pre-bookable, up to

two weeks in advance. GPs also offer 54 pre-bookable telephone consultations each week. Any patients who are unable to secure an appointment, and who need to be seen on the day, will be seen as an emergency at the end of each clinical session.

Other health professionals visit the practice on a regular basis, delivering clinics jointly with GPs, for example, health visitors and GPs run the weekly mother and baby clinic. The midwife visits and delivers an ante-natal clinic every week.

The practice is open from 8.30am to 6.30pm Monday to Friday. GP surgery times are from 8.40am until 11am or 11.45am each morning, and from 2pm or 2.30pm to either 5pm or 5.20pm each afternoon.

Nurse clinics are offered daily, and times vary; generally nurse appointments are available from 9am to 12pm each morning and from 2pm to 5.15pm each afternoon. The practice does not offer any extended hours surgeries.

All services are delivered under a General Medical Services contract. Out of hours services are delivered by a different provider. When the surgery is closed, patients are diverted to the NHS 111 service. If patients need the services of a GP they are referred by NHS111 to the locally appointed out of hours service provider Go to Doc.

## 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.

# Detailed findings

## 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 18 May 2016.

During our visit we:

- Spoke with a range of staff including two GP partners, the practice manager, a practice nurse, the deputy practice manager and a member of administrative staff. We spoke with four 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.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. Although the practice shared learning from significant events amongst colleagues within the practice, learning was not shared more widely, for example, by recording and reporting significant events using the Datix system.

### 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 provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children

and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurses were trained to level three in child safeguarding and had received appropriate training in vulnerable adults safeguarding.

- 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 checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The last infection control audit, carried out by Liverpool Community Health, showed the practice to be 91% compliant, which is a compliant score. Areas for improvement were largely around environmental factors, for example, five out of the 10 consulting rooms were carpeted. Sinks fitted in each room were not infection control compliant and did not have the appropriate lever taps or recessed plug hole. The practice had plans for refurbishment of these rooms over time, but these were not formalised. We noted that the appointed cleaning contractor had rated all areas of cleaning of the building as being fully compliant, but we did see some areas that required improvement, and highlighted this to the practice manager.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank

## Are services safe?

prescription forms and pads were securely stored. The practice had recently started recording each batch of prescriptions issued to each GP, making it easier to conduct reconciliation checks on prescription pads.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five 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 to all staff. The practice had up to date fire risk assessments and carried out regular fire alarm checks. 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. For example, in respect of GPs, we could see that up to eight sessions each week could be covered by the partners, allowing sufficient capacity for unplanned absence, training days or annual leave.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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 power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 95% of the total number of QOF points available. We noted there were two areas where exception reporting was markedly higher than both CCG and national averages, and that was in relation to asthma and COPD. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Both these areas were included in the practice performance improvement plan for 2015-16 which was shared with us as part of the practice presentation on the day of inspection.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed:

Performance for diabetes related indicators was similar to the national average:

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64mmol/mol or less in the preceding 12 months, was 80%. (CCG average 82%, national average 78%).

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140.80 mmHg or less, was 72%. (CCG average 88%, national average 78%).
- The percentage of patients with diabetes, on the register, who had received an influenza immunisation in the preceding August to 31 March 2015 was 87% (CCG average 95%, national average 94%).
- The percentage of patients with diabetes on the register whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 85%. (CCG average 84%, national average 81%).
- The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months – 1.4.2014 – 31.3.2015 was 90% (CCG average 88%, national average 88%).

The practice had plans in place for the improvement of care for patients with diabetes. The practice explained that in the last performance year, availability of practice nurses was reduced due to extended absence, which had impacted on performance in relation to care of diabetes patients.

Performance for mental health related indicators was similar to CCG and national averages:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (1.4.2014 – 31.3.2015) was 89%. (CCG average 89%, national average 88%).
- The percentage of patients diagnosed with dementia whose care has been reviewed in a fact to face review in the preceding 12 months (1.4.2014 – 31.2.2015) was 90%. (CCG average 82%, national average 84%).

There was evidence of quality improvement including clinical audit.

- There had been two full clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

# Are services effective?

## (for example, treatment is effective)

- Findings were used by the practice to improve services. For example, following an audit of prescribing patterns and implementation of improved management of advanced prescribing, the practice had shown a reduction in prescribing over spend and in unnecessary repeat prescribing.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. GPs had input into nurse appraisals. The practice had said it did not routinely involve nurses in the sharing of audits and their results but would include nurses in clinical meetings where this is covered, in the future.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, the annual vaccines and immunisations update course run by the CCG, 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 ongoing 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. Systems had recently been put in place to ensure all staff would be appraised annually.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

The lead GP on safeguarding ran weekly baby clinics jointly with a health visitor. This facilitated good information sharing between professionals. Community midwives ran ante-natal clinics every week from the practice and GPs were on hand to discuss any concerns with midwives. The district nurses visit the practice throughout the week and have a pigeon hole in the administrative offices to drop and collect messages about particular patients.

GPs at the practice carried out all summarising and clinical coding of patient notes. When we reviewed a sample of anonymised patient care records, we saw that all consultation records were of a high standard and that the patient summary care record was concise and easy to read for GPs and other health professionals.

### 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. The practice held a register of patients that were subject to a Deprivation of Liberty Safeguards Order (DoLS). When we spoke to clinicians they demonstrated their understanding of these and that they were specific to the patient's place of care and that they were not 'portable'.

# Are services effective?

(for example, treatment is effective)

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

## Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend

for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different formats for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The practice did not operate a failsafe system to ensure results were received for all samples sent for the cervical screening programme. Although the nurse kept a record of all cytology tests, these were not checked against results received to ensure that no results were lost. The practice said they would address this.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76% to 98% and five year olds from 84% to 98%.

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 40 patient Care Quality Commission comment cards we received, 35 were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Five cards gave slightly less positive feedback; the common theme of these was that patients found it very difficult to get through to the practice by phone. The practice told us that they were looking to make improvements to the call handling system in place at the practice.

We spoke with four patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect, but echoed the comments of those patients that found it hard to get through to the practice by phone. Patients we spoke with told us they could usually get a GP appointment and that they could see a named GP if they wished to without having to wait too long to be seen, and that there was a good level of continuity of care.

Results from the survey showed:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.

- 83% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 75% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The practice have, within the past 12 months, displayed signs in reception and waiting areas, explaining that the practice is not a one problem, one appointment surgery. They state that if patients have more than one problem, or need to spend more time with a GP or nurse to explain their health needs or discuss their treatment further, they should book a double appointment. The practice reception and administrative staff have all received customer service training within the past 12 months. It is hoped these measures will have a positive effect on patient experience when consulting with GPs and nurses, and when talking with reception staff.

### 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. We also saw that care plans were personalised.

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:

## Are services caring?

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and 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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- One of the partners was qualified to use British Sign Language (BSL) to level two, but could communicate with patients at a higher level than this. The facility to request a BSL interpreter at level four was available and staff knew how to request this.

- Notice boards were clear and information about particular subjects was grouped together, making them easier to navigate.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 101 patients as carers. Patients whose record identified them as being a carer could be offered a double appointment to ensure they had sufficient time within which to discuss their healthcare needs. Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients who may need this, for example, for patients with a learning disability, for patients who were carers or for those patients who knew they needed to discuss more than one medical issue.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available for those who needed them.
- The practice sought to make both the practice facilities and other visiting health professionals available to all, for example those living with dementia or those with a learning disability. Other reasonable adjustments were made and action was taken to remove barriers where patients found it hard to use or access services. The practice were bidding for funding to make changes at the reception desk which would enable wheelchair users to have more private conversations with reception staff.

### Access to the service

The practice is open from 8.30am to 6.30pm Monday to Friday. GP surgery times are from 8.40am until 11am or 11.45am each morning, and from 2pm or 2.30pm to either 5pm or 5.20pm each afternoon.

Nurse clinics are offered daily, and times vary; generally nurse appointments are available from 9am to 12pm each morning and from 2pm to 5.15pm each afternoon. The practice does not offer any extended hours surgeries.

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

- 55% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 42% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice had offered Saturday morning surgeries between 2008 and 2011. However, these were withdrawn due to the rate of patients failing to attend appointments, which at its peak hit 40%. The practice also found that patients attending Saturday morning appointments were not working patients, which added to the decision to withdraw Saturday morning appointments.

Patients told us that they were able to get appointments when they needed them but that trying to get through to the practice by phone was difficult. The practice was looking at changes to the telephone system that would make it easier for patients to call the surgery.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and copies of this were available at the reception desk.

We looked at complaints received in the last 12 months and found these were handled and dealt with in a timely way and in accordance with the practice complaints policy. The practice encouraged openness and transparency when with dealing complaints, focussing on lessons learnt from individual concerns and complaints, and from analysis of any trends. We saw that action was taken to as a result to improve the quality of care for patients who used the practice.

# 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 staff shared this vision and worked hard to support clinicians in delivering a high quality service to patients.
- The practice had a strategy and some supporting business plans which reflected the vision and values. Some further work was being done to formalise the business plan, setting time bound objectives, for example, for upgrading of consulting rooms to better meet infection control standards.

### Governance arrangements

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

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

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

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

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

The practice encouraged and valued feedback from patients, the public and staff.

- The practice had gathered feedback from patients through surveys and complaints received. Each of the GPs used feedback gained from patients for their appraisal, to inform decisions on future priorities for the practice and its patients.
- The practice had struggled to form a PPG. Work to recruit permanent members was on-going and we saw notices in the waiting and reception area, asking for volunteers for the group.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

# Are services well-led?

Good 

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

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 took part of local pilot schemes to improve outcomes for patients in the area. The practice was unusual in that it had lower numbers of elderly patients than may be expected; the practice used its relationships with community health professionals such as midwives, health visitors and district nurses to promote health initiatives and engage with young families at the earliest opportunities.