

# St John's Surgery Ltd

## 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?

Requires improvement 

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 St Johns Surgery on the 28nd October 2015. Overall the practice is rated as good.

Our key findings were as follows:

- Clinical staff reviewed significant events to help identify and learn from events. Most staff were aware of how to access information about incidents and shared learning, especially if they did not attend a staff meeting. However we noted two staff were unaware, despite this information being stored on the practices own computer system.
- The practice had a safeguard lead and staff were aware of how to report patients considered at risk. However there were gaps in staff training where some staff had not received safeguard training for vulnerable adults. Following our visit staff in need of this update were in the process of receiving this training.
- The practice used the expertise of their own pharmacy advisor to ensure the practice was prescribing in line with current guidelines. They carried out regular monitoring and audits of medication prescribing.
- The practice had good facilities in a purpose built building with disabled access. The practice was clean and tidy.
- The clinical staff proactively sought to educate patients to improve their lifestyles by regularly inviting patients for health assessments.
- Patients spoke highly about the practice and the whole staff team. They said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice has a Patient Participation Group (PPG) who regularly met with the practice staff. They made suggestions throughout the year to help improve the service provided by the practice.

# Summary of findings

- Information about services and how to complain was available on the practices website and following our inspection it is now available within the reception area. Complaint records had detailed information to show how they had been investigated.
- Staff had delegated duties distributed amongst the team. Staff felt supported by management and they felt that since the practice manager started at the practice, it was developing in the right direction.
- Most staff were able to access the practices computer system which contained access to all policies and procedures. Following our visit the provider advised they were reviewing governance systems to ensure the monitoring and effectiveness of the staffs understanding of all relevant processes necessary for the practice.

There were areas of practice where the provider should make improvements.

## Action the provider should take to improve:

- To ensure safeguard training is available and provided for all staff in regard to vulnerable adults and children and ensure staff are updated in the level of training needed for their role.
- To review the extended clinic and ensure this is risk assessed to show how this clinic is managed in safely supporting patients with this service.
- To ensure staff files have up to date evidence in place to show appropriate checks are in place for all staff.
- To ensure all serious incidents of risk and complaints are shared with all staff to help improve shared learning within the practice and to help staff understanding of any lessons learnt.
- To review training records to ensure that all staff have evidence of updated training relevant to their role.
- To review the clinical support and monitoring for staff to help ensure up to date practices throughout the staff team.

## 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?

The practice is rated as requires improvement for providing safe services. The lead GP was the named lead for safeguarding within the practice. However, some staff had not received training in the safeguarding of vulnerable adults. Following our visit the provider had arranged for staff to have updated training relevant to their role. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents. Most staff were aware of how to access information about incidents and shared learning although there was a lack of common understanding for some staff. The extended clinic was nurse led and did not have a risk assessment in place to show how risks were being managed. Following our visit the provider had sent a detailed risk assessment showing what actions were being taken in managing this clinic. The premises were clean and tidy. Safe systems were in place to ensure medication including vaccines were appropriately stored and were well managed. Most staff felt overall there were sufficient numbers of staff.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. The practice monitored its performance data and had systems in place to improve outcomes for patients. Data showed patient outcomes were at or above average for the locality. Patients' needs were assessed and care was planned and delivered in line with national guidance. Following our visit the practice arranged a review of their clinical governance systems to provide support and monitoring of the effectiveness of its clinical structures. Training records were managed via their computer system. The practice manager was updating the training records to establish what updates were needed for all staff. Staff worked very well with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for caring. Patients were positive about the care they received from the practice. They commented that they were treated with respect and dignity, and that staff were caring, supportive and helpful. Patients were provided with support to enable them to cope emotionally with care and treatment. Staff understood the needs of their patients well and had built up a good rapport with them including their PPG group.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of the local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients were positive about accessing appointments and data was comparable and aligned with how the appointments were managed. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and evidence showed that the practice responded quickly to issues raised. There had been a low number of recorded complaints.

Good



## Are services well-led?

The practice is rated as good for being well led. Staff felt supported by management and they felt that since the new practice manager started working at the practice that it was developing in the right direction. The practice was supported by staff from the provider's head office in terms of human resources, regional support and management. The practice had a large number of policies and procedures that most staff had knowledge of. Following our visit the provider arranged to carry out a clinical governance strategy with the staff team to share best practice and to help show sustainable evidence of clinical governance. The staff met weekly and monthly with minuted notes to review all aspects of care and management of the practice. Following the appointment of the practice manager, staff had started to receive performance reviews, attended practice wide meetings and been provided with access to e learning (computer based training.) The practice proactively sought feedback from patients and had an active patient participation group (PPG).

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 was knowledgeable about the number and health needs of older patients using the service. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. They kept up to date registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu. The practice staff met with the community matron and multi-disciplinary professionals on a regular basis to provide support and access specialist help when needed. The practice carried out home visits to care homes and to patients who were house bound.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment and screening programmes. The practice contacted these patients to attend regular reviews to check that their health and medication needs were being met. The practice had adopted a holistic approach to patient care rather than making separate appointments for each medical condition. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs with their community matron.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. Immunisation rates were comparable and sometimes exceeded local CCG benchmarking for standard childhood immunisations. The practice monitored any non-attendance of babies and children at vaccination clinics and reported any concerns they had identified. The staff we spoke with had appropriate knowledge about child protection and they had access to policies and procedures for safeguarding. One GP with level 3 training took the lead for safeguarding. Staff put alerts onto a patient's electronic record when safeguarding concerns were raised.

Good



# Summary of findings

Urgent access appointments were available for children. The practice had achieved the 'breast feeding welcome certificate' which ensured the environment was 'friendly' and that staff were trained in having a level of awareness.

## **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 this group 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 offered online prescription ordering and an online appointment services. Patients could book appointments in person, on-line or via the telephone and repeat prescriptions could be ordered on-line which provided flexibility to working patients and those in full time education. The practice offered drop in clinics for services such as flu vaccinations. Health checks were offered to patients who were over 40 years of age to promote patient well-being and prevent any health concerns.

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. The practice was aware of patients in vulnerable circumstances and ensured they had appropriate access to health care to meet their needs. For example, a register was maintained of patients with a learning disability and annual health care reviews were provided to these patients. 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. However they had not all received up to date safeguarding training. The practice manager and two members of the team had undertaken 'Carers Training' facilitated by the 'Carers Society' with involvement from carers in the community. Staff made notes in patient's records so that reception staff tried to attempt to accommodate the carer's appointments and requests. The practice also helped carers' to order their prescription requests over the phone to facilitate this process.

Good



## **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 practice maintained a register of patients with mental health problems in order to regularly review their needs and carry out health checks. The practice staff liaised with other healthcare professionals to help engage these patients to ensure they attended reviews. Staff were

Good



## Summary of findings

knowledgeable in regard to consent and supporting patients in obtaining consent however they had not received updated training in consent and the Mental Capacity Act 2005. The practice identified patients at risk using a stratification and case finding tool which helps them to support the identification of high risk patients who may benefit from dementia screening and referral to memory clinics.



# Summary of findings

## What people who use the service say

The National GP Patient Survey results published on 2 July 2015 showed the practice was performing in line with local and national averages and in some areas exceeding those averages. There were 443 survey forms distributed for St Johns Surgery and 114 forms were returned.

This response represents 2% of the patient population. The practice scored higher than average in terms of trusting their GP and nurses and in their overall experience at the practice and in making appointments. For example:

- 94.7% of respondents say the last GP they saw or spoke to was at giving them enough time compared to the CCG average 86.6% and the National average 86.6%.
- 97.2% had and trust in the last GP they saw or spoke to compared to the CCG average 92.2% and the National average 91.9%.
- 92.1% say the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 92.2% and the National average 91.9%.
- 98% had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 97.3% and the National average of 97.1%.
- 98.2% describe their overall experience of this surgery as good compared to the CCG average of 85.6% and the National average of 84.8%.
- 91.4% describe their experience of making an appointment as good compared to the CCG average of 75.1% and the National average of 73.3%.
- 87.9% would recommend this surgery to someone new to the area compared to the CCG average of 75.5% and the National average of 77.5%.

The results indicated the practice could perform better in certain aspects around discussions with the nurse. Although we noted there was a period of sickness which resulted in different staff covering for the staff member's absence for a period of time which may have affected the practices data. For example:

- 88.5% of respondents say the last nurse they saw or spoke to was good at listening to them compared to the Clinical Commissioning Group CCG average of 93.7% and the National average of 91.0%.
- 81.1% say the last nurse they saw or spoke to was good at explaining tests and treatments compared to the Clinical Commissioning Group CCG average of 92.1% and the National average of 89.6%.

As part of our inspection process, we asked patients to complete comment cards prior to our inspection. We received 37 comment cards and spoke with six patients and two members of the patient participation group (PPG). (The PPG is made up of practice staff and patients that are representative of the practice population. The main aim of a PPG is to ensure that patients are involved in decisions about the range and quality of services provided.) Patients told us that doctors and nurses were very good and they felt safe in their care, they were happy with the standard of care provided and they were very complimentary about the reception team. Patients were very positive about the service they received from the practice and felt the practice had improved over the last 12 months and they were especially happy with the practice manager and in seeing the stability of the same GP's. Three patients raised issues they were experiencing getting appointments via phone especially if they rang before 9am.

## Areas for improvement

# Summary of findings

## Action the service **SHOULD** take to improve

- To ensure safeguard training is available and provided for all staff in regard to vulnerable adults and children and ensure staff are updated in the level of training needed for their role.
- To review the extended clinic and ensure this is risk assessed to show how this clinic is managed in safely supporting patients with this service.
- To ensure staff files have up to date evidence in place to show appropriate checks are in place for all staff.
- To ensure all serious incidents of risk and complaints are shared with all staff to help improve shared learning within the practice and to help staff understanding of any lessons learnt.
- To review training records to ensure that all staff have evidence of updated training relevant to their role.
- To review the clinical support and monitoring for staff to help ensure up to date practices throughout the staff team.

# St John's Surgery Ltd

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) inspector. The team included a GP and practice manager specialist advisors and an Expert by Experience, (Experts work for voluntary organisations and have direct experiences of the services we regulate.) They talked to patients to gain their opinions of what the service was like.

## Background to St John's Surgery Ltd

St John's Surgery is based in a residential area within Huyton close to local amenities in a purpose built building. The building is also occupied by other primary and community healthcare services which are run by various local primary, secondary and community care providers. There were 3000 patients on the practice list at the time of our inspection. The practice was in an area that had identified high levels of deprivation. The practice had three self-employed GPs working at the practice, one full time GP is female and the two part time GPs are male. They also have a GP who is the registered manager who occasional provides sessions at the practice, one practice nurse, a practice manager, reception and administration staff, a business manager and a data quality and performance manager.

The practice is open Monday, Wednesday to Friday from 8am to 6.30pm and Tuesday 8am with extended hours from 6.30pm-to 8pm. Outside of this time the practice uses UC 24 Urgent Care.

The practice has a General Medical Services (GMS) contract. In addition the practice carried out a variety of enhanced services such as shingles vaccinations and avoiding unplanned admissions to hospital.

## Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28th October 2013. During our visit we:

- Spoke with a range of staff, the GP's, practice nurse, the practice manager, the medicines management lead person who works for the provider, administration staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

# Detailed findings

- Reviewed information from CQC intelligent monitoring systems.
- Reviewed patient survey information.
- Reviewed various documentation including the practice's policies and procedures.

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

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

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

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

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

# Are services safe?

## Our findings

Knowsley Clinical Commissioning Group (CCG) reported no concerns to CQC about the safety of the service. The practice used a range of information to identify risks and improve patient safety. There was a system in place for reporting and recording significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via computer. They discussed significant events at practice wide team meetings and filed minutes on their computer system for all staff to be able to access at any time and most staff knew how to access them. However a couple of staff showed limited awareness of any learning from significant events and limited engagement with team meetings where such events had been discussed. The practice had a low number of recorded events, we looked at four recorded for the last year. Staff acknowledged the need to capture all events including positive events within their recording system and share with the wider team. Following our inspection the regional managers and the provider had arranged to discuss the management of events and the clinical governance systems with all staff.

### Overview of safety systems and processes

The practice could demonstrate aspects of safe management for risks including infection control, health and safety and staffing. However there were gaps within safeguarding, medications, managing recruitment files and overseeing the nurses extended clinic that needed improvements.

- There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding with level three training for safeguarding for children. Staff demonstrated they understood their responsibilities and discussed a recent report they had referred to the local authority to help safeguard one of their patients. However some staff had not received training in safeguarding for vulnerable adults and there were gaps in the training records overall for

safeguarding where some staff had not received this training. Following our visit the provider had arranged for updated training relevant to each staff member to ensure everyone was up to date.

- A notice was displayed in the clinic rooms, advising patients that staff would act as chaperones, if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure.) All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Services (DBS) check. These 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 arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. We looked at a sample of vaccinations and found them to be in date. There was a policy for ensuring that medicines were kept at the required temperatures which described the action to take in the event of an emergency. Emergency drugs were stored appropriately in a locked cabinet and were easily accessible to staff in a secure area of the practice. All the medicines we checked were in date and fit for use. The staff had carried out three audits in routine fridge monitoring and cold chain processes in 2015. The audits showed overall actions in providing safe systems in place for the storage of vaccines. In one clinical room we found the GP only had access to one ampule of 'Benzylpenicillin' (a type of antibiotic treatment) rather than the required two ampules to enable the GP to administer appropriate treatment. During our inspection, staff rectified this and provided another ampule for the GPs access. The practice had a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises. Oxygen was available and stored appropriately. The practice worked with pharmacy support from the local CCG. The provider also had their own pharmacy advisor who visited the practice and carried out regular medication audits to ensure the practice was safely prescribing in line with best practice guidelines. Prescription pads were securely stored however there was no record of serial numbers to help locate an audit trail of the scripts signed in and out. During the inspection the practice

## Are services safe?

manager responded positively and installed a recording system for staff to start recording all serial numbers of prescriptions stored to help improve their systems for safe storage.

- Recruitment checks were carried out and we reviewed a sample of staff files to look at what recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. Two staff had transferred from another practice managed by the provider and had staff records recorded while working at those practices. However the practice had not updated the recruitment record to show systems and checks taken place following their employment and transfer to St John's Surgery. Staff records were organised and filed within the provider's computer system. Most records were in place for two other files we looked at although some needed updating regarding checks for their DBS checks. Two staff told us they did have DBS checks in place but they had lost their records, they showed evidence that their checks had been reapplied for in October 2015 and they were awaiting updated DBS certificates.
- The practice nurse undertook a clinic every Tuesday from 6.30 p.m. until 8 p.m. However we noted there was no GP cover within the building or risk assessment to identify what support or triage system would be used to safely support the practice nurse and patients. Following our visit the business manager advised they had developed a risk assessment to discuss the management of the extended hours nurse led clinic and would review this within their revised governance strategy.
- The practice shared the building with other practices and had a landlord and estates management team who managed the building services. The building was purpose built and fully accessible. They had a business continuity plan to help them plan and record what actions they would take in the event of an emergency. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Staff we spoke with told us there was enough equipment to help them carry out their role and that equipment was in good working order.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The landlord of the building employs cleaners who have a cleaning schedule. The practice had a good relationship with the cleaning team and liaised with them on a daily basis with regard to the cleaning schedule. Several comments received from patients indicated that they found the practice to be clean. The practice manager was the infection control lead. There was an infection control protocol in place and staff had received up to date training. The practice took part in external audits from the local community infection control team and their most recent infection control audit in July scored 96% and identified no major concerns and noted well managed systems in place for managing infection control.
- The practice manager showed us records to demonstrate that arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice had three self-employed associate GPs working at the practice who needed to give three months' notice under their terms and conditions. If any holidays or sickness needed covering the provider owned five other practices whereby he was able to draw on a pool of other staff to provide additional staffing levels within each practice. Patients told us they had seen improvements over the last 12 months in the management of staffing levels and they saw the stability of seeing the same GPs when they visited. However one of the GPs had given notice to leave and the practice had been unsuccessful in employing a GP to fill that vacancy up to the time of inspection. Staff advised the post would be covered by GPs who worked within the company who knew the systems and failing that they would try to use the stability of the same locum GPs from an employment agency.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment and consent

The practice carried out assessments and treatment in line with NICE (The National Institute for Health and Care Excellence) guidelines and had systems in place for staff to access the guidance on line. However some staff were unsure as to how to access relevant guidance despite access being available within the practices computer base. The practice manager was new to her post and was developing staff meetings and advised she would ensure updates were included in staff meetings to help ensure all staff were kept up to date.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record. For example, patients on the 'at risk' register, learning disabilities and palliative care register.

The practice took part in the 'avoiding unplanned admissions to hospital scheme' which helped reduce the pressure on A&E departments by treating patients within the community or at home instead of hospital. Care plans were not being used but the GPs summarised patient's notes in regard to their condition and needs.

We spoke with the GPs and practice nurse who understood the relevant consent and decision-making requirements of legislation and guidance. However we noted some gaps in their overall training matrix including the lack of training for staff in regard to the 'Mental Capacity Act 2005.'

### Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet and smoking. Patients who had long term conditions were followed up throughout the year to ensure they all attended health reviews. The practice worked closely with their community matron. They used their '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 review patients on their palliative care list with their multi-disciplinary team including their district nurses and Macmillan nurses.

Childhood immunisation rates for the vaccinations given were above average when compared to CCG averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 92.1% to 100.0% and the CCG averages ranged from 92.4% to 98.4%.

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

### Coordinating patient care

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 including medical records and test results. Information such as NHS patient information leaflets were also available. Incoming mail such as hospital letters and test results were read by a clinician and then scanned onto patient notes by reception staff. Arrangements were in place to share information for patients who needed support out of hours.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). (QOF is a voluntary incentive scheme for GP practices in the UK). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected

for the QOF and performance against national screening programmes to monitor outcomes for patients. QOF results from 2014-2015 showed the results being 100% of the total number of points available with an exception score of 3.3%. QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. QOF information showed the practice was meeting its targets for health promotion and ill health prevention initiatives. Staff had designated roles to follow up appointments with patients to improve attendance rates and the practice employed a business manager who monitored closely their results and performance figures for QOF. Data from 2014-2015 showed:



# Are services effective?

## (for example, treatment is effective)

- The percentage of patients with hypertension having regular blood pressure tests was higher than the national average. Practice rate was 87.99% and the National rate was 83.11%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months. Practice rate was 92.31% and the National rate was 83.82%.
- Performance for diabetes related indicators was higher than the national averages for the percentage of patients with diabetes, on the register, who have had influenza immunisation. Practice rate was 97.69% and the national rate was 93.46%.

All GPs and nursing staff had access to a variety of clinical audits carried out by the providers own pharmacy advisor. However we found a couple of staff had a lack of common understanding in regard to how to access and use this information. Following our inspection the provider told us they will be reviewing their clinical strategy for governance with all staff. This will help to provide clearer overview and monitoring of the clinical effectiveness of the systems in place at the practice. The sample of clinical audits seen demonstrated improvement to the administration of medications. Findings were used by the practice to improve services. For example:

- An audit in May 2015 was undertaken to help ensure compliance with recommended guidelines for the storage and use of emergency drugs. Immediate actions were taken to ensure learning outcomes and changes made were shared with staff regarding the storage and audit of emergency drugs. A re audit in August 2015 which took place, helped to show improvements in the management and safe storage of medications identified as needed in the event of an emergency.
- The audit for the 'Anticoagulant and Monitoring of Warfarin' dated April 2015 identified actions to review all patients receiving this treatment. They identified 33 patients that represented 100% of patients having records within their patient notes that they were receiving anticoagulation treatment with warfarin. They identified 28 patients with a record of testing their

warfarin levels in the previous 3 months. This resulted in the practice identifying five patients who needed to have their blood tested and followed up with the practice identifying a re-audit to take place in six months' time. The re-audit for October 2015 recorded 29 patients, 85% out of 34 had a blood result within the previous three months. The practice identified the audit standards hadn't been fully met and they planned a further re audit in three months' time.

### Effective staffing

Staff had the knowledge and experience to deliver effective care and treatment however aspects of training updates needed reviewing.

- The practice had an induction programme for newly appointed members of staff. Staff felt happy and supported especially since the practice manager had started working at the practice. The practice manager had identified a number of areas in need of development including improving the management and overview of staff training needs and for all of her staff team to have regular appraisals. The practice manager had recently commenced staff appraisals and aimed to organise regular support for her staff team throughout the year. We noted some gaps in the overall training matrix including topics such as safeguarding and the Mental Capacity Act. Following our visit the managers had arranged for staff to receive updated safeguarding training covering both adults and vulnerable children.
- The practice did have regular practice learning sessions at the practice at least monthly and they also attended regular CCG education events. The practice learning sessions gave future opportunities to identify improved structures for shared learning. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.) Appraisals were carried out by a third party as the provider did not carry out the GP appraisals. All GPs were up to date with their yearly appraisals.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people with dignity and respect. They were observed being very helpful to patients both attending at the reception desk and on the telephone and in accommodating new patients that were not registered.

- 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.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 37 comment cards and spoke with six patients plus two members of the patient participation group (PPG.) All comments raised by patients indicated that they found the staff helpful, caring, polite and they described their care as very good. Patients told us they were happy with the standard of care provided and they were very complimentary about the practice staff. Patients were very positive about the service they received from the practice. We spoke with two members of the PPG on the day of our inspection. They told us they were satisfied with the care provided by the practice and that they had regular engagement with the practice staff and felt well respected and listened to. They had a lot of confidence in the practice manager and felt that there had been a lot of improvements over the last 12 months especially in the stability of seeing the same GPs. They hoped to work further with the practice regarding suggestions they had such as wanting to see more information displayed about their group within the reception.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Staff offered support to bereaved families ensuring they signposted them to relevant organisations for support. The practice's computer system alerted GPs if a patient was also a carer and a carer's register was in place with 64 patients identified. The practice was working towards their carer's certificate from 'Knowsley Carers Society.' To achieve

the certificate the practice had to complete a 10 step plan, they were nearly there and were following an action plan in order to achieve their certificate. The practice manager and two members of the team had also undertaken 'Carers Training' facilitated by the 'Carers Society' with involvement from carers in the community. Staff made notes in patient's records so that reception staff tried to attempt to accommodate the carer's appointments and requests. The practice also supported carers to give a prescription request over the phone to help assist carers.

Results from the national GP patient survey showed patients were happy with how they were treated. Patient comments made throughout our inspection aligned with the positive results of this survey. The practice was comparable and above average for most of its results. For example:

- 92.1% say the last nurse they saw or spoke to was at good at giving them enough time compared to the CCG average of 92.2% and the National average 91.9%.
- 98% had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 97.3% and the National average 97.1%.
- 97.2% had confidence and trust in the last GP they saw or spoke to compared to the CCG average of 93.7% and the National average of 95.2%.
- 94.7% say the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 86.6% and the National average of 86.6%.
- 98.2% describe their overall experience of this surgery as good compared to the CCG average of 85.6% and the National average of 84.8%.

There were some areas for improvement at the practice which related to patients' opinions about treating them with care and concern and being good at listening to them. For example:

- 88.3% say the last nurse they saw or spoke to was good at treating them with care and concern compared to the CCG average of 92.6% and the National average of 90.4%.
- 88.5% say the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 93.7% and the National average of 91.0%.

# Are services caring?

## Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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. Patients told us they never felt rushed whenever they went to see the nurse or their GP.

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

- 90.7% of respondents say the last GP they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 84.5% and the national average of 86.0%.

- 76.6% say the last GP they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 83.1% and the national average of 81.4%.
- 69% with a preferred GP usually get to see or speak to that GP compared to the CCG average of 63.9% and the national average of 60.0%.

There were some areas for improvement at the practice which related to patients being involved in decisions with their nurse. We noted there was a period of sickness for the practice nurse which had resulted in different staff covering for the staff member's absence for a period of time which may have affected the practice's data such as:

- 74.1% say the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 89.5% and national average of 84.8%.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to improve outcomes for patients in the area.

There was an active PPG which met regularly. They had actively discussed various topics with practice staff. The PPG were in the process of developing their role and plans for the future regarding engaging with patients and the practice staff. Representatives from the PPG told us they felt listened to and respected. In the past they had raised an issue with accessing the phones and the practice manager had trialled an increase in staff answering phones from 8am. This proved successful and something the practice manager continued with as the trial had positive results and comments from patients.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a learning disability and long term conditions.
- Home visits were available for elderly patients and housebound patients.
- Urgent access appointments on the day were available for children and those with serious medical conditions.
- There were translation services available. Following our visit the practice had adapted their complaints procedure into large print and displayed this for all patients to view.
- Two staff were able to sign to patients with hearing impairments. Staff had identified patients with visual impairments and were aware that assistance needed to be given when they visited the practice.
- The building was purpose built with suitable disabled facilities. It had electric doors, a low level reception desk and a variety of different sizes of chairs available for patients in the waiting room. They had a private room within the reception area for any patient wanting to discuss something in private. The practice had achieved the 'breast feeding welcome certificate' which ensured the environment was 'friendly' and that staff were trained in having a level of awareness.
- The practice had various notice boards including carer's information, health promotion material and sign posting for the contact details for various organisations.
- The practice identified patients at risk using a stratification and case finding tool. This helped them to support the identification of high risk patients who may benefit from dementia screening and referral to memory clinics.

### Access to the service

- The practice offered pre-bookable appointments, on line bookings, book on the day appointments and telephone consultations. Repeat prescriptions could be ordered on-line or by attending the practice. The practice is open Monday, Wednesday to Friday from 8am to 6.30pm and Tuesday from 8am with extended hours from 8am-8pm. Outside of this time the practice uses UC24. Appointments start from 9am to 6.30pm and each Tuesday appointments are extended from 6.30pm-8pm.
- People told us on the day that they were able to get appointments when they needed them and were happy with the services received from their practice. Some patients commented on the improvements they had seen with the practice over the last 12 months and they told us that they had better stability in seeing the same doctors at the practice.
- Results from the national GP patient survey showed overall positive results regarding feedback around how appointments were managed which were comparable and above average to the local CCG and national averages. For example:
  - 89.8% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82.6% and the National average of 85.2%.
  - 90.3% of respondents find it easy to get through to this surgery by phone compared to the CCG average of 77% and the National average of 73.3%.
  - 99.4% say the last appointment they got was convenient compared to the CCG average of 95.3% and the National average of 91.8%.
  - 80.6% usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 61.6% and National average of 64.8%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 81.3% were satisfied with the surgery's opening hours compared to the CCG average of 81.4% and the National average of 74.9%.
- 96.8% find the receptionists at this surgery helpful compared to the CCG average of 89.5% and the National average of 86.8%.

- **Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to

make a complaint was available on the website but not accessible within the reception area. Following our inspection the staff displayed their complaints policy within the reception area. There had been a low number of recorded complaints over the last 12 months which we reviewed. We found they had been handled satisfactorily and dealt with in a timely way. The practice offered an apology to any patient who felt that services offered had fallen below the standard patients had a right to expect. However we noted complaints and any lessons learnt had not always been shared with all staff at the practice. This was a missed opportunity to share lessons-practice wide and to help inform staff of improvements and changes made to 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 identified various values, aims and objectives within their statement of purpose. They included the statements:

‘To provide high quality care and treatment to our patient population to include consultations from our examinations and treatment of medical conditions; To involve other healthcare professional and third sector agencies, e.g. community and secondary care colleagues, in the care of our patients wherever appropriate; To treat all staff, patients and carers with dignity, honesty and respect and To act with integrity and complete confidentiality at all times.’

Some of the staff we spoke with were aware of the culture and values of the practice and told us patients were at the centre of everything they did. However some of the staff were not aware of the values defined within the practice’s statement of purpose. Patients spoken with during our inspection did give positive comments that aligned with some of the statements such as: being provided with a good service from a friendly caring team that had good values and good access to clinics and health professionals.

### Governance arrangements

The practice had a clinical governance policy in place and the lead GP was responsible for clinical governance at the practice. The management of governance systems within the practice was clear to most of the team but identified a need to ensure that all staff were aware and up to date. The registered manager did not work at the practice on a regular basis and there was a lack of overview from the registered manager to support the clinical effectiveness of the team. Following our inspection the business manager had already taken action to improve governance systems. A team meeting had been arranged with the registered manager to discuss their strategy to manage governance. Staff told us they felt well supported by the lead GP who worked full time at the practice and by the practice manager and the regional business team and managers who visited the practice weekly.

Staff were confident that they could raise any concerns. The practice manager was new to her role and had recently started working at the practice. Her staff team were fully

supportive of her and acknowledged some improvements at the practice following her approach and her delivery in management. Main policies such as consent and infection control were available and accessible to everyone. Staff meetings implemented by the practice manager had been introduced on a regular basis for the whole team. However we noted that a couple of staff did not always attend meetings and were not accessing the provider’s own systems such as the computer base and staff minutes of meetings.

Governance systems in the practice included:

- Practice specific policies were implemented and were available to all staff.
- Acting on any concerns raised by both patients and staff.
- A system of continuous clinical audit cycles developed by the provider’s medicines lead helped them demonstrate an improvement in patients’ welfare.
- Clear methods of communication with healthcare professionals to disseminate best practice.
- The practice manager had started to organise regular e learning training for all staff and appraisals for all staff except for the GPs.

Some areas of development acknowledged by the GPs and practice manager included:

- A staffing structure was in place, however it would benefit from defining staff roles and responsibilities within the team to show a joined up approach.

### Leadership, openness and transparency

The doctors in the practice had the experience and capability to work at the practice and ensure good quality care. Their values were evident in driving them to deliver good quality care day to day. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues and were confident in doing so. Informal systems had worked well for the GPs but they acknowledged further work was needed in defining all staff members’ roles to help in developing the practice for the future.

The practice staff had confidence in their recently appointed practice manager who had already identified areas of development within the practice for training, learning from significant events, staff appraisals, and

# Are services well-led?

Good 

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

recording of regular team meetings. Staff recognised the benefits they had seen already with the new practice manager in post. The business manager outlined their plans with the provider following our inspection to review clinical support within the practice with their clinical team.

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

The practice had gathered feedback from patients through the patient participation group (PPG), the National Patient survey and their own patient's survey that was very detailed. The PPG members told us of plans for the future in engaging with the practice and identifying the future views of patients at the practice. They felt listened to and had various examples where the practice had acted on their suggestions. They made various suggestions to help

publish their role and encourage more members to join them. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## **Management lead through learning and improvement**

Staff told us they felt well supported and we could see the staff engaged with regular practice learning events, training within the CCG and events managed for practice nurses via their practice nurse forum. We noted that the GPs organised their own training and there were gaps to some of their training records. However the practice manager had started to review the overall training matrix to help them to organise training where needed for each staff member. The practice manager had also set up access to e learning (computer based training) training available for all staff.