

# The Marshside Surgery - Dr Wainwright

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Marshside Surgery –Dr Wainwright (known locally as The Marshside Surgery) on 24 August 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.
  - The practice used innovative and proactive methods to improve patient outcomes. For example, the practice signed up to a trial of Alivecor devices, which could be used with mobile phones to confirm whether patients have atrial fibrillation. Early diagnosis of the condition allows prompt treatment for patients.
  - Feedback from patients about their care was consistently and highly positive.
  - The practice worked closely with other organisations and the local community in planning how services were provided to ensure they meet patients' needs
- For example, one of the practice partners worked with hospital paediatric consultants and the community nursing teams to develop the Children's Community Nursing Outreach Team. This service provided support for children whose condition made them vulnerable to hospital admission. This was piloted by the practice and two other surgeries locally. As a result this service was successful and now accepts GP referrals from any practice across the CCG, helping avoiding admissions of unwell children safely.
- The practice is involved with the CCG "New ways of working group", looking at all clinical and support roles in the locality to see if there are better ways of delivering services to all patients.
  - The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients. When satisfaction scores for interactions with reception staff dipped, all staff were given further customer service and conflict resolution training.
  - The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority.
- The partners strived to deliver good outcomes for patients; where improvements were required, steps were taken to deliver these, for example in the improvement of care for diabetic patients.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

**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.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. There was a culture within the practice that encouraged reporting of incidents.
- One of the practice partners had worked with the CCG safeguarding lead and Multi Agency Safeguarding Hubs (MASH), to agree a form of words and template to be used by practices, to facilitate the better sharing of information between GPs and child safeguarding teams across the CCG.
- 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.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients, for example, in the increased rates of diagnosis of dementia.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Where rates were lower than expected, work was in place to address this.
- The practice had achieved full points on the CCG Quality Prescribing Scheme 2015-16 and was the only practice underspent on its medicines budget for the year.

# Summary of findings

- The practice had worked with the CCG lead for cancer to increase the rate of patient participation in breast and bowel cancer screening.
- Clinical audits demonstrated quality improvement.
- The practice had reviewed its care of diabetes patients and had been accepted on the RCGP National Diabetes Quality Improvement Programme.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care; 99.3% of patients said they had confidence and trust in the last GP they spoke to at the practice.
- There was a strong patient centred culture within the practice; GPs worked with patients to help them understand their health conditions and took positive, practical steps to provide reassurance, for example, by giving patients access to technology which provided reassurance about their health conditions and contributed to reduced attendances at secondary services, such as accident and emergency units.
- Practice staff had recognised patients that were particularly vulnerable and ensured they were seen at the time of their attendance at the practice, with a view to meeting as many of their health needs as possible.
- The practice clinical team set end of day appointments aside for vulnerable patients who required pastoral care; this had also contributed to reduced numbers of out of hours visits to these patients.
- 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.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



# Summary of findings

- 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. For example, the practice partners had devised and piloted the Children's Community Nursing Outreach Team; this scheme accepts GP referrals from any practice across the CCG and is aimed at avoiding admissions of unwell children safely.
- The Marshside Surgery had signed up to projects that could help patients with particular health problems, as well as projects that were aimed at using technology to provide improved patients access to services.
- Patients said they found it easy to 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 well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of recognised best practice.
- The practice was the only research practice in the CCG taking part in studies and projects bringing benefits to patients across the locality.
- Work done by one of the partners on safe ways of sharing patient information had attracted national interest.
- Practice leaders were keen to innovate; we saw the practice looked outwards to find projects, systems and processes that brought benefits to all patients at the practice, and shared findings of studies with stakeholders.
- Leaders encouraged working links with other practices and had Google groups for practice managers and clinicians to share experience and knowledge.

Good



# Summary of findings

- 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. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice had responded positively to data around poor rates of diagnosis of dementia in older patients. By increasing screening processes, cross checking records of other healthcare providers, and checking how any previous reports of cognitive impairment had been recorded the rate of dementia diagnosis at the practice has increased by 139% over the past two years.
- The practice had higher numbers of over 75's and 85 year old patients as a proportion of the patient register than other practices locally. Clinicians offered proactive, personalised care to meet the needs of this population group. The practice screens older patients to determine their risk of frailty; when identified these patients have a personalised care plan in place that all clinicians in the community can access to follow a prescribed path of care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- We saw evidence of GPs providing pastoral care to older patients, who for various reasons had not been reached by community initiatives.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had acted to improve diagnosis rates of asthma and the effective and safe treatment of these patients. The practice nurse had received further training in spirometry and respiratory management, and worked with a CCG lead nurse to deliver respiratory clinics at the practice.
- The practice had conducted a full audit of all patients with diabetes to ensure that medication and care regimes were in line with latest National Institute for Health and Care Excellence guidance. This was a two cycle audit and improvements in treatment regimes were introduced with some patients being referred for further specialist advice.



# Summary of findings

- The practice had achieved all diabetic care indicators but noted from audit that more could be done to support these patients. As a result, the practice has been accepted onto the Royal College of General Practitioners Diabetes Quality Improvement programme, which will benefit diabetic patients at the practice.
- 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.

## Families, children and young people

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

- One of the practice partners worked with hospital paediatric consultants and the community nursing teams to develop the Children's Community Nursing Outreach Team. This scheme was successful in reducing admissions of unwell children, safely. As a result this service has been extended and all GPs in the CCG can refer to this service.
- 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.
- One of the practice partners had worked with the CCG safeguarding lead and Multi Agency Safeguarding Hubs (MASH), to agree a form of words and template to be used by practices, to facilitate the better sharing of information between GPs and child safeguarding teams across the CCG. This was adopted by GPs in the area, ensuring relevant information on safeguarding was passed to MASH teams as required.
- The practice GPs had noted there was a delay in receiving details of new child patients who were subject to protection plans. This was raised with the named CCG lead for safeguarding who is addressing the matter. In the meantime, safety measures were in place whereby Health Visitors who received this information, shared it with the practice by phone or at face to face meetings.
- Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



# Summary of findings

- 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.
- The practice achieved its cervical screening target each year: achievement for 2014-15 was 84% compared to CCG average of 81% and national average of 82%.
- The practice had improved the attendance rates of working age patients at bowel and breast cancer screening clinics, by sending out personalised letters to patients who failed to attend these screenings.
- The rate of patients receiving annual flu vaccinations was the fourth highest in the local CCG.
- The recording of patients smoking status was reviewed regularly and was the second highest in the local CCG, with referrals for and attendance at smoking cessation advice clinics at the highest in the CCG.
- The practice scored the second highest rates of patient satisfaction within the CCG.

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 held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- 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.

Good



# Summary of findings

- Staff recently identified a patient who had become homeless and referred this person directly to a GP who worked with other clinicians to carry out all health care checks and ensure the patient had access to other support services.
- 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.

## 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).

- 93% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the CCG average of 82% and the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record was 100%, compared to the CCG average of 88% and national average of 88%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a record of alcohol consumption their record was 100%, compared to the CCG average of 86% and national average of 90%.
- 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.
- We saw that carers of patients with dementia were particularly well supported from the point of referral for diagnosis of the condition through to practical help and support post diagnosis.
- 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.
- We saw evidence from minutes of clinical meetings that the practice worked with community professionals to follow-up

Good



# Summary of findings

patients who move out of the area, taking all steps possible to ensure they register with a GP at their new location, reducing the possibility of patients experiencing a lack of care or mental health crisis.

- Staff had a good understanding of how to support patients with mental health needs and dementia. All staff had undergone dementia awareness training and displayed a good understanding of the confusion experienced by patients experiencing poor mental health.
- The practice is a member of the Dementia Alliance and all staff are Dementia Friends trained. The practice forms part of a Dementia Friendly neighbourhood, which is led by this and a neighbouring practice. Recent fundraising events were held, which included all dementia patients able to attend and their carers. Funds from the event are being used to host a Christmas meal for dementia patients and their carers.
- As a research practice the partners were committed to participating in any dementia research initiatives that would help or benefit patients.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with or above local and national averages. 224 survey forms were distributed and 114 were returned. This represented the views of approximately 4% of the practice's patient list.

- 78% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 86% 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%.
- 95% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 91% 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 24 comment cards which were all highly positive about the standard of care received. A number of patients who described themselves as having complex needs, particularly praised the continuity of care and high levels of service they received.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Friends and Family Test results we reviewed for the past four months were very favourable, showing between 93% and 100% of patients were either likely or very likely to recommend this GP practice to people new to the area.

# The Marshside Surgery - Dr Wainwright

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

## Background to The Marshside Surgery - Dr Wainwright

The partnership practice of the The Marshside Surgery – Dr Wainwright, is based in the Marshside area of Southport, Merseyside. Generally referred to as The Marshside Surgery, the partnership is made up of one male and one female GP partner. The practice patient list at the time of inspection was approximately 2,650 patients.

The practice partners are supported by a salaried GP, who works regular sessions at the practice. The combined number of GP sessions gives 1.4 full time working equivalent GPs. The practice has a practice nurse who works part time and there is a health care assistant to support the clinicians, working five hours each week. The practice manager works part time and oversees the general day to day running of the practice. The office manager leads a team of administrative and reception staff that support the practice team.

The practice is situated in a purpose built facility, with all patient areas at ground floor level. The practice is fully accessible to those with limited mobility; there is ample parking for patients to the front and side of the building, and there are designated parking spaces for disabled

patients, close to the electronic doors of the practice. The practice was inspected in November 2013 under the regulations applicable at that time, and was found to be meeting required standards.

The practice is a member of the Dementia Alliance, and is part of a Dementia Friendly neighbourhood. This was started by the partners, along with a neighbouring practice and is made up of other local businesses such as the local pharmacy and food stores. It's purpose is to be supportive of people experiencing dementia and their carers, providing a safe environment for them visit and to be part of a dementia friendly community. The practice has higher numbers of over 65's and 75 year old patients, so numbers of patients with dementia may grow. The practice is also the only research practice in the local clinical commissioning group (CCG), and works with the National Institute for Health Research and with the Royal College of General Practitioners (RCGPs). We saw that the practice was involved in many innovative projects and pilots, which ultimately bring benefits to patients of the practice and across the CCG.

The practice opening times are from 8am to 6.30pm Monday to Wednesday and Friday of each week. The practice provides an extended hours surgery on a Thursday when the practice is open until 7.45pm. Throughout the week the practice delivers 156 GP appointments. This does not include urgent slots, when GPs will see patients that need to be seen at the end of each surgery, but did not have an appointment. Typically, the GPs see three patients as urgent cases at the the end of each clinic. The practice nurse delivers 110 appointments each week, and an extra eight appointments in the extended hours clinic each

# Detailed findings

Thursday evening. Outside of surgery hours, patients are directed by a telephone message to the NHS111 service, who will refer on to an out of hours provider, Go to Doc if required.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 August 2016. During our visit we:

- Spoke with a range of staff including two GP partners, the practice nurse, the practice manager and two administrative staff, and spoke with patients who used the service.
- Observed how staff interacted with patients 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. We saw there was a culture within the practice of 'it's good to report' and staff felt confident that any issues raised or reported would be investigated and addressed. For example, we saw that staff reported to clinicians that the practice computer system was showing that 17% of patients records were not summarised. This meant that GPs and nurses potentially did not have the most up to date information available to them when consulting with patients. Practice leaders conducted a full audit on the practice computer records system. It was established that the way in which data was coded and transferred at the time of IT upgrade had caused the issue. The practice addressed this as a learning point for all in the correct coding of patient records, which improved patient safety.

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 all significant events at the end of each year to identify any themes or trends.

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.

### 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 in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always 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 2 in child protection and safeguarding.

We were given examples of when the practice partners had identified and addressed problems in the transfer of information between organisations, which potentially put vulnerable children or adults at risk. In one case, the practice were aware that requests for information in respect of patients that were vulnerable or subject to a safeguarding plan, were not being responded to appropriately by some practices, due to concerns about patient confidentiality. To address this and maintain patient safety one of the practice partners had worked with the CCG safeguarding lead and Multi Agency Safeguarding Hubs (MASH), to agree a form of words and template to be used by practices, to facilitate the better sharing of information between GPs and child safeguarding teams across the CCG. This was adopted by GPs in the area, ensuring relevant information on safeguarding was passed to MASH teams as required.

The practice 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). Posters advertising this service were in reception areas and in consulting rooms.

The practice maintained appropriate standards of cleanliness and hygiene. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. At the last audit of the practice the score achieved was 96%. The only area of improvement identified was that a section of flooring in one of the rooms need to be replaced. We saw that the practice had done this.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept



## Are services safe?

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 prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. The practice nurse and health care assistant were mentored by one of the GP partners and we saw that both staff had good access to the GPs to support them in their work.

We reviewed four 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 with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and

clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health 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 at all times to meet patients needs.

### Arrangements to deal with emergencies and major incidents

The practice had 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.

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.
- The GP partners acted as mentor to the practice nurse; by sharing audits, work with other nurses in the locality and through ongoing professional development, the practice aimed to achieve outcomes for patients beyond those expected by commonly used measurements such as Quality and Outcome Framework (QOF) results. We saw this in the services provided in respiratory disease management and diabetes care.

### 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 had achieved 98% of the total number of points available. We noted that rates of exception reporting by the practice were low. The overall exception reporting rate was 7% for the practice, compared with the CCG rate of 7% and national rate of 9%. (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).

This practice had rates of prescribing of certain antibiotics, higher than those expected for a practice of this size. We were shown audit work that had been done on antibiotic prescribing and how the practice undergone peer review of their antibiotic prescribing. Both of these showed that the prescribing practice of the GPs was in line with NICE guidance. We noted that the practice has scored full points

on the CCG prescribing quality scheme for 2015-16. The practice retained the services of a pharmacist who delivered a medicines review clinic each week from the practice. Data from 2014-15 showed:

- Performance for diabetes related indicators was comparable or slightly below the national average. For example:
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c (a blood test that indicates how well diabetes is managed) is 64mmol/mol or less in the preceding 12 months was 68%. CCG average 83%, national average 75%.
- 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 88%. CCG average 79%, national average 78%.
- The percentage of patients with diabetes, on the register, who received an influenza immunisation in the preceding 1 August to 31 March was 98%. CCG average 96%, national average 94%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less, was 77%. CCG average 84%, national average 81%.
- The percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification within the preceding 12 months was 98%. CCG average 91%, national average 88%.

The practice recognised that improvements in diabetic care were required. To address this the practice had applied for and been accepted on the Royal College of General Practitioners (RCGP) National Diabetes Quality Improvement programme, to help deliver positive outcomes for these patients.

Performance for mental health related indicators was better than the CCG and national average. For example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record in the preceding 12 months was 100%. CCG average 88%, national average 88%.

# Are services effective?

## (for example, treatment is effective)

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 100%. CCG average 86%, national average 90%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 93%. CCG average 82%, national average 84%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed by the practice in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example:
- recent action taken following diabetic audit included improvements in review of diabetic patients, which followed the RCGP gold standard. It also covered the use of new medicines, the protocol for their use and the balance of cost versus better controlled diabetes for patients.
- Action taken following the dementia audit included checking other health records and increasing screening to promote more timely diagnosis of dementia for patients.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. We saw how the practice took part in peer review exercises on the prescribing of anti-biotics to check that clinicians were following guidance for each instance of prescribing quinilones and cephalasporins (types of antibiotic). In instances where antibiotic prescribing had been high, the practice was found to have followed guidance in each prescribing case. The practice had performed well in antimicrobial audits carried out by the medicines management teams in that no inappropriate use of antibiotics was found during weeks of surveillance.

Information about patients' outcomes was used to make improvements, such as in the care of patients with respiratory conditions. We saw that the practice nurse had received further training in spirometry, and was working

with the lead respiratory nurse for the CCG, in the delivery of spirometry clinics. This work helps clinicians manage conditions such as asthma and chronic obstructive pulmonary disease effectively.

### 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.
- 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 and discussion at practice meetings. We saw that both the health care assistant and the practice nurse was mentored by the partners. The practice nurse attended CCG led educational events and had done a number of training course updates for their continuing professional development.
- 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. All staff had received an appraisal within the last 12 months.
- 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.

# Are services effective?

## (for example, treatment is effective)

- 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. We saw that the practice worked with community mental health link workers, in cases where patients had failed to attend any appointments, or had moved out of the area. By following up these patients the practice tried to ensure they registered with a new GP practice, preventing a lack of care or patients experiencing mental health crisis.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- 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, and smoking and alcohol cessation. We saw that the practice was the highest user of smoking cessation advice services in the CCG.
- The practice's uptake for the cervical screening programme was 78%, which was higher than the CCG average of 74% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Partners noted that they were at the CCG average rate for attendance at bowel and breast cancer screening, but this figure was below that regionally and nationally. The partners took the decision to send a personalised letter from the practice to each patient who failed to attend screening appointments, encouraging them to attend and stressing the importance and rationale for screening patients. This approach has been shown to enhance take up rates nationally; the practice are awaiting results of this.
- Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 91%, and for five year olds from 95% to 100%.

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. Our observation of practice staff throughout the day showed they had a strong, patient centered culture.

- 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.
- Staff were motivated to offer care that was kind and promoted peoples dignity; clinicians spoke of sharing ownership of patients health management with their patients.

Staff at the practice demonstrated the values that supported the vision of the practice, to deliver high quality health care to all with compassion. We were aware that a staff member identified a visitor to the surgery as being a homeless, transient person. Staff members acted quickly to give access to a GP for this person. As a result, the practice GP and nurse spent over two hours with the patient delivering health care and treatment that was needed.

Although the practice is not funded to offer health care services to travelling communities, they have a policy of not turning away any travellers seeking medical attention.

All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the practice. We were told of long and close relationships between GPs, nurses and patients. Carers we were able to speak with told us of the high level of support they received from the practice. Patients

commented on how staff would go the extra mile to ensure patients needs were met. Comment cards highlighted that staff had responded compassionately when patients needed help and provided support when required.

Results from the national GP patient survey, published in July 2016 showed patients felt they were treated with compassion, dignity and respect. We noted that scores had improved since the last set of results, which had been published in January 2016. The practice was in line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.
- 91% of patients said they would recommend their GP to someone new to the area, compared to the national average of 79%..

We reviewed aggregated data from the NHS England GP Patient Survey from January to March 2014 and July to September 2014, aggregated data from NHS England GP Patient Survey from January to March 2015 and from July to September 2015 and compared results with the latest data from the NHS England GP Patients Survey, published in July 2016, we saw that overall, patient satisfaction scores increased year on year for the practice.

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



## Are services caring?

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 highly 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 how clinicians explain tests and treatments to them. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.

Results from the national GP patient survey showed patients responded positively to questions about how involved they were in decisions about their care and treatment. For example:

- 95% of patients said the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care, compared to the national average of 82%.

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.

### **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 had a higher concentration of older patients (over 75's and over 85's). The majority of these patients lived independently rather than in a care or nursing home (only eight patients lived in nursing or care homes). We saw how GPs provided pastoral care to these older patients who used the practice regularly, recognising that for some patients loneliness and isolation was a barrier to well-being. When other support services had not proved successful in reaching out to these patients, GPs continued to offer this extra reassurance to vulnerable patients, despite the daily pressures they face.

The practice had held fund raising events for the Alzheimers Society Dementia Friends initiative. The proceeds were split evenly, into a donation for the Alzheimer's Society, with the rest being used to provide a Christmas meal for dementia patients and their carers.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 19 patients as carers ( which is less than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

- The practice offered an extended hours clinic on Thursday evening until 7.45pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability. The practice supported a number of patients with learning difficulties who lived locally in supported housing schemes. We saw that these patients had comprehensive health assessments and care plans in place, with GP's liaising with carers to arrange the best time to visit the patient. .
- 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.
- One of the practice partners worked with hospital paediatric consultants and the community nursing teams to develop the Children's Community Nursing Outreach Team. This had been piloted by the practice and following its success, extends to GP practices that can refer children from any practice. The service helps to avoid admissions of unwell children, safely.
- 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 that required them.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Wednesday and on Friday. On a Thursday the practice was open from 8am to 6.30pm and offered an additional extended hours surgery from 6.30pm to 7.45pm.

Appointments were from 9am to 11am every morning and

from 4pm to 6pm each afternoon. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 79% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 51% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Since the national GP patient survey, the practice had made some improvements to the telephone system in use. A voice message has been added, telling patients where they are in the queue. When the practice repeated the survey, using the same questions, the score for the question on how easy it was for patients to get through to the practice by phone had risen to 74%, which is in line with the national average. The practice were looking at other technologies and how they could be used to better manage telephone traffic for the benefit of patients.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The system of triaging requests for home visits was managed by the GPs. All requests for home visits were recorded by staff. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. In the case of urgent GP appointments, the GPs typically provided up to three urgent slots at the end of each surgery to see, for example, acutely unwell children.

### Listening and learning from concerns and complaints

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

# Are services responsive to people's needs?

(for example, to feedback?)

- 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 displayed within the practice and on the practice website.

We looked at three complaints received in the last 12 months and found these were all handled in line with the

practice complaints policy. Lessons were learnt from individual concerns and complaints and also from analysis of any trends and action was taken to as a result to improve the quality of care. For example, as well as reviewing complaints received over the course of 12 months, the practice took into account the results of national and locally conducted surveys on patient satisfaction. Where trends could be seen, for example, in relation to access to the practice by phone, the practice took positive steps to address this.



# 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 leadership team had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were aware of how their roles contributed to the vision and were engaged in all aspects of improvement at the practice.

The practice had a strategy and supporting business plans which reflected the vision. The practice was part of a federation and was involved in new ways of working with federated partners and other stakeholders. This included looking at the roles of GPs, pharmacists, nurses and other staff, to see how work could be managed effectively across the locality to give full access to services that the community needed, for example, during periods of winter pressures.

### 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.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The practice was able to demonstrate a steady path of progress across clinical and management areas over the last 36 months. Where results showed more work was needed to drive progress we saw action plans were drawn up.

### 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; our findings on the day supported this. Staff told us the partners were approachable and were happy to listen to any ideas on how any area of practice life could be improved. We found staff were very engaged and strongly committed to their work. When staff were given further customer service training in response to lower than expected results in the national GP patient survey, staff we spoke with didn't view this as a negative, but rather that patients they served had high expectations of them and that it was their duty to deliver on them.

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 strongly positive and open culture within the practice and they had the opportunity to raise any issues at team meetings. Staff said if they did not want to raise concerns in a meeting, they were comfortable speaking to the partners alone. We noted all meetings were scheduled in the practice calendar and their importance was recognised by all staff in the maintenance of good communication and strong team working.
- 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.
- Leaders encouraged working links with other practices and had formed Google groups for practice managers and clinicians to share experience and knowledge.

# Are services well-led?

Good 

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG gave ideas on which community services could be invited to the annual flu clinics, to give information on support available to patients through their various support groups.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion at practice meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and took part in several local pilot schemes to improve outcomes for patients at the practice and in the wider locality. Some of the examples given were:

- Development of policy around online access to records, and in the work of data sharing. Some of this work is gaining national attention.
- A project with Cheshire and Merseyside Academic Health Science Network, using near patient testing devices with GPs mobile phones to get an ECG trace immediately. This enabled rapid diagnosis of patients with atrial fibrillation.
- One of the partners had worked locally on an ICE project – Integrated Clinical Environment, which has now been rolled out CCG wide. This brought benefits such as easy web based access to clinical diagnostic results.
- A pilot was ongoing to establish the feasibility of switching off paper and replacing with timely electronic discharges directly into clinical systems. This would bring benefits of instant access to discharge information on patients, to GPs.
- The practice had piloted mobile working-clinical systems such as EMIS mobile and Ericom solutions. As a result, a funding case was raised for the CCG, and iPads were installed with Ericom and issued to every practice for access to information and contemporaneous documentation while, for example, on home visits, and seeing nursing home patients.
- The practice was intending to trial a new system with Southport and Ormskirk NHS Trust to share secondary care data and use a messaging system between primary and secondary care clinicians using web and phone/tablet application.