

Civic Medical Centre

Quality Report

Civic Medical Centre
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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 Civic Medical Centre on 7 June 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, recording and analysing significant events.
- Safety alerts were received and acted upon.
- Risks to patients were assessed and well managed.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
 - There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies and emergency medicines and equipment were available.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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 and extended appointments for those with enhanced needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a clear vision which had quality and safety as a priority. There was a strategy to deliver this vision and it was reviewed in conjunction with stakeholders and staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

Summary of findings

- Staff felt supported by management and were motivated, supervised, felt involved and worked as a team.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Implement a system for monitoring clinical staff's professional registration status such as with the Nursing and Midwifery Council (NMC) and the General Medical Council (GMC) and their indemnity insurance cover.
- Review staff records to include immunisation status for clinical staff and references are documented.
- Review and update the infection control policies and procedures to include a full range of associated policies and procedures.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice comparable and higher than others for several aspects of care. For example, 90% of respondents to the National GP Patient's survey said the last GP they saw or spoke to was good at treating them with care and concern (compared to a CCG average of 90% and a national average of 85%) and 92% said the last nurse they saw or spoke to was good at treating them with care and concern (compared to a CCG average of 92% and a national average of 90%).

Good



Summary of findings

- Feedback from patients about their care and treatment was consistently positive.
- 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



- 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, in dementia and elderly care and the care of those at risk of unplanned admissions to hospital.
- 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.
- The practice responded to the needs of the local population by reviewing comments, complaints and suggestions and implementing actions to improve services. This included reviewing access to the appointment system and introducing new systems and processes.
- 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.

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners and management 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

Good



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

The practice had a higher than national and local clinical commissioning group (CCG) average number of elderly patients with 34% over the age of 65. Nationally reported data showed that outcomes for patients with conditions commonly found in older people were good.

- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in avoiding unplanned hospital admissions, dementia, nursing and residential care home support and end of life care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were good. For example, the percentage of patients with hypertension in whom the last blood pressure reading was 150/90mmHg or less was 90% and higher than the CCG and national average. Whilst the percentage of patients with atrial fibrillation treated with anticoagulation or anti platelet therapy was 100% and higher than the CCG and national average.
- All the older patients had a named GP who coordinated their care and worked with the local elderly care network.

The practice had a GP lead for elderly care. Proactive visits to local care and nursing homes were undertaken weekly by GPs and the nurse practitioner.

People with long term conditions

Good



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

- GPs and nursing staff were skilled and had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Summary of findings

- Performance indicators for patients with long term conditions were around or above the CCG and National average. For example:

The percentage of patients on the diabetes register, who had an influenza immunisation in the preceding 1 August to 31 March (2014/2015) was 100%. The CCG average was 95% and the national average was 94%.

The percentage of patients with asthma who had an asthma review in the preceding 12 months that includes an assessment of asthma control using the three RCP questions was 89% compared to the CCG average of 74% and national average of 75%.

- 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.
- Medical records for vulnerable patients with long term conditions were highlighted so that all staff knew their needs and arranged appointments and care accordingly.

Families, children and young people

Good



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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively good for all standard childhood immunisations with immunisations uptake for all children aged five and under around 99%.
- 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.
- Unwell children were always offered same day/urgent appointments.

Summary of findings

- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was around the national average at 78%.
- Appointments were available outside of school hours and extended hours appointments were available one night per week for appointments with the healthcare assistant, nurse and GPs.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- For example, it offered online booking and cancellation of appointments and prescription requests and offered evening appointments, telephone consultations and text messaging services.
- The practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group for example, NHS health checks for those aged 40 to 75 years old and bowel and breast cancer screening.

People whose circumstances may make them vulnerable

Good



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 those with a learning disability. They promoted an ethos of no barriers to accessing services for those vulnerable patients.
- 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.

Summary of findings

- 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)

Good



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

- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months which is above the national average of 88%.
- They promoted an ethos of no barriers to accessing services for those patients experiencing poor mental health.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with and above local and national averages. 297 survey forms were distributed and 111 were returned. This represented 1% of the practice's patient list.

- 68% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 82% 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%.
- 87% 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 22 comment cards which were all very positive about the standard of care received. Comments told us they found staff very helpful, kind and caring. Privacy, dignity and respect were evident. They felt listened to and confident with the skills and knowledge of the clinical staff.

We spoke with three patients during the inspection. All said they were very satisfied with the care they received and thought staff were approachable, committed and caring.

The practice took into account comments from the Friends and Family Test (FFT). For the year 2014/2015, 73% of the responses were positive and comments included staff being helpful and professional. (The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way for patients to give views after receiving care or treatment across the NHS).

Areas for improvement

Action the service SHOULD take to improve

- Implement a system for monitoring clinical staff's professional registration status such as with the Nursing and Midwifery Council (NMC) and the General Medical Council (GMC) and their indemnity insurance cover.

- Review staff records to include immunisation status for clinical staff and references are documented.
- Review and update the infection control policies and procedures to include a full range of associated policies and procedures.

Civic Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Civic Medical Centre

Civic Medical Centre is registered with the Care Quality Commission to provide primary care services. The practice provides GP services for approximately 9,900 patients living in Wirral and is situated in a purpose built medical centre. The practice has five female GPs, two male GPs, four practice nurses, two healthcare assistants, administration and reception staff and a practice management team. It is a training practice and occasionally has GP registrars working at the practice. Civic Medical centre holds a Personal Medical Services (PMS) contract with NHS England and is part of the NHS Wirral Clinical Commissioning Group (CCG).

The practice is open Monday – Friday 8am – 6pm with extended hours until 7.45pm on Tuesdays.

Appointments start at 8.30am and telephone lines are open until 6.30pm.

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of Wirral Clinical Commissioning Group (CCG) and is situated in an affluent area. The practice

population is made up of a mostly working age and elderly population with 34% of the population aged over 65 years old. Forty five percent of the patient population has a long standing health condition and there is a lower than national and CCG average number of unemployed patients.

The practice does not provide out of hours services. When the surgery is closed (after 6.30pm weekdays and at weekends) patients are directed to the local GP out of hours service provider. Information regarding out of hours services was displayed on the website and in the practice information leaflet.

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 7 June 2016. During our visit we:

- Spoke with a range of staff (GPs, practice nurse, healthcare assistant, reception and administration staff and the practice management team) and spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, new procedures implemented for warfarin monitoring for care home patients following a significant event.

Patient safety alerts were received and action was evident by relevant staff, however the action taken was not always documented effectively.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and 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 and practice nurses were trained to child protection or child safeguarding level 3, other clinical staff to level 2 and non-clinical staff to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A nurse practitioner 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 overarching infection control protocol in place; however this was basic in detail and did not contain all the associated policies and procedures related to infection prevention and control. 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.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the nurses were qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the

Are services safe?

practice to allow nurses to administer medicines in line with legislation. Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed six personnel files and found that generally 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. However, we found that one record did not hold evidence of references for the person employed and that none of the clinical staff had evidence of hepatitis B immunisation recorded. The practice responded and arranged for clinical staff to have their hepatitis B status checked the following day. One of the nursing staff did not have evidence of medical defence insurance; the practice responded immediately and stopped the staff member performing clinical duties until they were adequately covered. We saw evidence immediately after the inspection to demonstrate this had been arranged. There was no system in place for monitoring of professional registrations; however we found that clinical staff registrations were up to date.

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 displayed in the 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 (COSHH) 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. The clinical staff operated a buddy system for cover and continuity of care.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available. This was higher than the CCG average of 96% and the national average of 95%. The practice did not have any unusual levels of exception reporting rates. (QOF allows practices to exception-report (exclude) specific patients from data collected to calculate achievement scores. 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).

Practice QOF data demonstrated continued high achievement similar to last year.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar to or above the national average. For example:

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 89% compared to the national average of 78%.

The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 98% compared to the national average of 88%

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

100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015), national average 88%.

The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 91% compared to the national average of 84%

There was evidence of quality improvement including clinical audit.

- There had been a number of clinical audits completed in the last two years. These were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Audits were undertaken following analysis of significant events and findings of audits were used by the practice to improve services. For example, recent action taken as a result included implementation of an improved telephone triage system for children and a triage system for requested home visits.

Information about patients' outcomes was used to make improvements such as: monitoring and auditing of minor surgery resulting in low complication rates and systems in place to follow up children who have failed to attend appointments.

Effective staffing

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

- The practice had an induction and mentorship programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety, confidentiality and policies and procedures.

Are services effective?

(for example, treatment is effective)

- 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, in vaccinations, cervical smear taking and diabetes care.
- 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, clinical supervision and discussion at practice meetings.
- The practice continually monitored staffing levels and skill mix and recent audits and reviews had led to an increase of clinical staff hours to improve access to services.
- 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.

- 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.
- The practice used innovative electronic systems to aid delivery of care and services such as Intradoc (a software package that organises and manages documents, tools and files and puts them in to one, easy to use, auditable place).

- The practice operated a buddy system for clinical staff to ensure continuity of care and that test results/ referrals and patients with enhanced need were cared for appropriately in the absence of their usual/named GP.

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.

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 and Deprivation of Liberty safeguards (DoLs). 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.
- Formal written consent was recorded for procedures such as minor surgery.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 75%, which was comparable to the CCG average of

Are services effective?

(for example, treatment is effective)

73% and the national average of 74%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different formats and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Bowel and breast cancer screening rates were higher and around the national and CCG average with persons (aged

60-69) screened for bowel cancer in the last 30 months at 67% (national average 58%, CCG average 56%) and females (aged 50-70) screened for breast cancer in the last 36 months at 71% (national and CCG average 72%).

Childhood immunisation rates for the vaccinations given were good when compared to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 100% and five year olds were at 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.

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

All of the 22 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 three patients on the day of inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected and staff were kind, helpful and caring. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 98% 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%.

- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 90% 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%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Are services caring?

- Information leaflets were available in easy read format.
- Where patients lacked capacity, clinicians used best interest decisions and took into account the Mental Capacity Act.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 106 patients as carers (1% of the practice list). Information was available on the website and in the practice 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 or sent them a sympathy card. 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. Patients told us that the practice cared well for those families who had bereavements.

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 extended hours on a Tuesday 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 and other patients who needed it.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Proactive visits to local care and nursing homes were undertaken to carry out reviews and give care and treatments.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. The practice was currently considering implementation of services to give travel vaccines currently only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a lift for access to the upper floor.
- The practice told us they always consider and take into account patient's personal, cultural, social and religious needs and that there were no barriers for patients accessing services.

Access to the service

The practice was open Monday – Friday 8am – 6pm with extended hours until 7.45pm on Tuesdays.

Appointments start at 8.30am and telephone lines are open until 6.30pm.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent and same day 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.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 85% and the national average of 78%.
- 68% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the national average of 73%.

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.

These assessments were done by a telephone triage system. 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.

The practice had responded to concerns raised in surveys by review and implementation of an improved appointment system/process. This included: increasing the number of prebookable appointments available, asking people to ring between 8.30am and 10am only for appointments & emergencies, promoting the use of the online appointment system, promoting the use of the new appointment telephone booking system and promoting the use of telephone consultations.

Listening and learning from concerns and complaints

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

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

Are services responsive to people's needs? (for example, to feedback?)

We looked at complaints received in the last 12 months and found these were dealt with in a timely way and with

openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision and ethos which had quality and safety as its top priority. Their vision was to be the top GP practice in Wirral that was highly thought of by patients, public, stakeholders and staff.

- The practice had a strategy developed in conjunction with the CCG to redevelop the premises to improve services and the environment.
- The strategy and supporting business plans reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which 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, reviewed and revised as necessary and were available to all staff. However infection control policies and procedures were in need of review and updating to ensure the full range of associated policies and procedures were available.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners and management 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. They were reflective, motivated and decisive. Staff told us the partners and management were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

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

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

The practice encouraged and valued feedback from patients, the public and staff. 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, reviewed patient surveys and submitted

Are services well-led?

Good 

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

proposals for improvements to the practice management team. For example, changes to appointment system following patient survey concerns and PPG suggestions.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and motivated. They had plans to improve outcomes for patients in the area including improving the premises.