

# The Village Surgery - Formby

## 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 Village Surgery - Formby on 29 September 2016. Overall the practice is rated as good.

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

- There was a clear, open and transparent approach to safety. Staff could explain and describe systems in place for reporting and recording significant events. We saw that these systems were effective.
- Risks to patients were assessed and well managed. All staff were trained to enable them to identify patients that were vulnerable and systems in place supported the safe care of these patients.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. All staff had access to clinical guidance updates.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Improvements were needed to increase the uptake of cervical screening for women eligible for this intervention.
- Patients said they were treated with compassion, dignity and respect. The latest published data from the National GP Patient Survey showed 92% of patients said the last GP they saw was good at giving them enough time, and 93% of patients said GPs were good at listening to them.
- The practice was a designated Yellow Fever Vaccination Centre.
- 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 there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

# Summary of findings

There were areas where the provider should make improvements. The provider should:

- Effectively monitor progress to improve the uptake of chronic illness reviews and cervical screening.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- As part of the comprehensive governance systems in place, there were regular audits of patient records to ensure GPs and nurses recorded consultations as required and that patient record keeping met required standards.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with the national average.
- Where any QOF scores fell below local and national averages, action plans were in place to address this. However, we saw that the numbers of women receiving cervical screening were below target rates. Action plans in place had not effectively addressed this and required review.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. We saw that the practice clinicians took part in peer review exercises.
- 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.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than national averages for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Feedback we received from patients on the day of inspection supported this.
- Information for patients about the services available was easy to understand and accessible. The practice website gave patients timely information on the delivery of special clinics, for example, in the flu season. Patients particularly commented on the usefulness of the practice website.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- From evidence available we saw that GPs were instrumental in securing secondary services required by patients, for example, access to respite care and funded respite breaks for full time carers. This provided support to carers that enabled them to continue to care for their family members. Of the 152 carers identified by the practice, 82 of these were patients over 65 years of age.
- We saw that GPs provided support to patients experiencing bereavement or personal crisis that could affect mental health. We saw this often went beyond what would be expected of GPs.
- We saw that requests for home visits were recorded and that staff identified older patients named GP; if this GP could accommodate a home visit they would take this on from the duty doctor, promoting continuity of care wherever possible.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example in the management of schemes in place to support frail, elderly patients
- Patients said they could make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice used data on numbers of home visits in a month to individual patients, to identify those in need of greater ongoing clinical support. This was arranged and managed between GPs and the multi-disciplinary community team.

Good



# Summary of findings

- The practice rated the support requirements of patients with complex needs, using a traffic light, red/amber/green system. This and use of multi-disciplinary care plans contributed to the low numbers of unplanned admissions of patients from the surgery.
- 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. 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 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. Staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice had good succession planning in place and business plans to support the development of the practice to meet patient needs.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The GPs supported a number of patients in nursing homes in the area, who wished to remain with the practice.
- Clinicians had identified all older patients at risk of frailty and these patients received greater levels of support from GPs and community multi-disciplinary teams.
- Home visits were delivered to housebound patients, to deliver health checks and necessary immunisations, for example, annual flu immunisations.
- We saw that when delivering home visits, patients named GPs were made aware of the request and would visit themselves when possible to provide continuity of care.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- One of the practice nurses was an independent and supplementary prescriber, who managed the care of patients with long term conditions. For example, we saw this nurse was qualified to actively manage patients with respiratory diseases, diabetes control and was trained in contraception and reproductive health.
- The practice had put measures in place to improve performance in the management of care for patients with respiratory disease and illnesses. The partners had recently recruited a practice nurse who had specialised in respiratory diseases at Broadgreen Heart and Chest Hospital (recently rated as Outstanding by CQC). The work of this specialist nurse will complement that of the Advanced Nurse Prescriber who has a Diploma in asthma care and has completed courses in spirometry and respiratory management.

Good



# Summary of findings

- Longer appointments and home visits were available when needed for example, to visit housebound patients.
- 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 practice clinicians 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.

- 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 for all standard childhood immunisations were higher than national averages and in line with local averages.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice clinicians demonstrated that they were both vigilant and aware of younger people experiencing mental and/or emotional distress. We saw examples of how the practice had responded to this effectively and compassionately.
- 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.

Good



## 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.
- We saw that GP and nurse appointments were available in an extended hour's surgery on Thursday evening and on Saturday mornings.
- The practice had carried out work to increase the numbers of female patients attending for cervical smears. However, this

Good



# Summary of findings

had not been effective as the numbers of patients receiving this intervention had decreased. An action plan to address lower than average uptake of cervical screening was in place but required review.

- 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.
- Flu vaccination clinics were organised each year to ensure quick and easy access for working age patients.
- The practice GPs were highly supportive of carers and were instrumental in securing secondary services such as respite care and respite breaks for carers.

## 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 those with a learning disability, and those that were housebound.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations and we saw that patient information resources in the practice were kept up to date and refreshed regularly to take account of any new initiatives.
- Where patients could not immediately access services due to waiting lists, we saw GPs went above and beyond what is expected of them, for example, in putting forward urgent cases for consideration of respite care and respite breaks for carers, and in the support of patients who had experienced bereavement or other personal crisis.
- 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.

Good



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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). In 2014-15 QOF data available to us at the time of inspection, we saw:

Good



# Summary of findings

- 75% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was less than the national and local average.
- In the practice's OQF data, which has not yet been published, but they shared with us, we saw this figure had increased to 80% of patients. Comparator figures for local and national averages are not yet available.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# 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 local and national averages. Two hundred and twenty survey forms were distributed and 135 were returned. This represented the views of just less than 1.5% of the practice's patient list.

- 87% of patients found the receptionists at this practice helpful which matched the national average of 87%.
- 72% 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%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 86% 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 17 comment cards, 14 of which were positive about the standard of care received. Comments were made particularly about the caring nature of GPs and nurses; patients commented on the ability of GPs to listen to them and given them enough time to explain their health concerns. Three comment cards gave feedback from patients saying they found it difficult to get same day appointments.

We spoke with five patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. When we reviewed the results of the practice Friends and Family Test results, we saw that in the past seven months 183 patients had taken the test. Of these, 181 patients said they were either likely or highly likely to recommend this GP practice to someone new to the area. Only two patients said they were unlikely to recommend the practice.

## Areas for improvement

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

- Effectively monitor progress to improve the uptake of chronic illness reviews and cervical screening.

# The Village Surgery - Formby

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, and a practice manager specialist adviser.

## Background to The Village Surgery - Formby

The Village Surgery Formby is a partnership practice based in Formby, Merseyside. The surgery is located in a building that was purpose built in 1989, which is accessible to patients with limited mobility. There is car parking available outside the practice, with a number of clearly marked parking spaces for disabled patients. The practice is a teaching practice, hosting medical students and GP Registrars. At the time of inspection, the practice had approximately 9,500 patients.

The partnership is made up of five GPs, one female and four male who all work full time. The partnership team is complemented by two regularly retained locum GPs, one of whom is a former partner who continues to deliver a dermatology clinic each week, and another doctor who is a hospital consultant, who delivers a minor surgery clinic each week. The practice also retains the services of another female, locum GP, to provide holiday cover and provide greater access to female GPs for patients when this is required. The practice has been utilising the services of a Physician Associate (PA) as part of a pilot within the area. Physician Associates support doctors in the diagnosis and management of patients. They are trained to perform a

number of roles including: taking medical histories, performing examinations, analysing test results, and diagnosing illnesses under the direct supervision of a doctor.

The clinical team is supported by an Advanced Nurse Prescriber (ANP), a practice nurse and three part time Health Care Assistants (HCA). The availability of appointments is monitored by the practice to ensure this meets patient demand. We saw that the work of post-graduate medical students and Registrars added to the number of available appointments for patients, when these were at the practice.

The practice clinical team is supported by a practice manager. In turn, the practice manager oversees the work of a reception manager. The practice administrative team is made up of eight receptionists, four administrators and two medical secretaries.

The practice building has one main reception area and seven consulting rooms and one treatment room on the ground floor. There are patient toilets with baby change facilities on the ground floor. All these areas are fully accessible. There are two further consulting rooms and a small patient waiting area on the first floor of the practice. The rest of the first floor is given over to office administrative functions, staff toilets and rest areas, as well as store rooms and utilities for the building.

The practice is open from 8am to 6.30pm Monday to Thursday. On Friday the practice delivers an extended hour's clinic, and opens from 8am to 7pm. A further clinic is delivered on Saturday morning, when the practice is open for pre-bookable appointments only, from 8.30am to 10.30am.

# Detailed findings

When the practice is closed, patients ringing the surgery are diverted by a telephone message to NHS 111. If the patient is found to require the services of a GP, they are then referred on to the contracted out of hours provider for the practice Go to Doc.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting The Village Surgery 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 29 September 2016. During our visit we:

- Spoke with two GPs, the Advanced Nurse Practitioner, the Practice Manager, a medical secretary, an administrator, a prescription clerk, an HCA and a reception manager.
- Spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, sharing health and safety issues and issues with the quality of patient discharge summaries.

We did note that there were two, separate matters which had been identified by clinicians and staff at the practice. Neither of these were recorded as significant events. Although the practice had reported these concerns to the appropriate persons, they did not record this information, which may have been required at a later date. We have highlighted this as something the practice could do to improve at the front of this report.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the ANP were trained to child protection or child safeguarding level three. The practice nurse and HCAs had been trained to level two in safeguarding. Plans were in place for the practice nurse to receive level three safeguarding next year, on line with the GPs and ANP.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The recently appointed 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 that the practice had achieved a compliant score of 94%. The majority of issues identified were related to the fabric of the building. The practice is has plans to either extend and refurbish the current premises or to develop a new practice facility, when the points raised in the infection control audit, for example, replacement of sinks and other fittings, would be addressed.
- 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

## Are services safe?

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. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. This nurse received mentorship and support from the GP partners for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. The practice was a designated Yellow Fever Vaccination Centre.

### 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 and 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 and that sufficient locum GP cover was available for periods of annual leave.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Clinicians also had alarm buttons in consultation rooms which could be used if needed.
- All staff received annual basic life support training and there were emergency medicines available in a designated place within the building which was accessible to staff.
- 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. We saw that copies of the plan were held by key staff both on and off site.

# 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 audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results showed the practice had achieved 96% of the total number of points available. We noted that exception reporting in the care of patients experiencing poor mental health was significantly higher than local and national averages. (28% and 40% for two of health care indicators). An action plan was put in place to address this, which included more joint working with mental health community clinicians and psychiatric nurses. Results shared with us by the practice, but not yet published, showed improved scores for these care indicators.

Exception reporting rates in relation to cervical screening were higher than local and national averages. The practice had put an action plan in place to address this but this had not been effective, with rates of exception reporting rising from 17% in 2014-15 to 20% for 2015-16. The practice were reviewing this action plan and the allocation of nursing hours to increase uptake of cervical screening.

The rate of exception reporting in the care of patients with asthma and COPD were also higher than expected.

(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).

Data from 2014-15 showed:

Performance for diabetes related indicators was similar to the CCG and national average except in one particular indicator:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80mmHg or less was 63%, compared to the CCG average of 79% and national average of 78%. Data from the 2015-16 performance year which has not yet been published but was shared with us by the practice, shows this figure has improved to 84%.
- The percentage of patients with diabetes, on the register who had received a flu immunisation in the preceding 1 August to 31 March, was 99%, compared to the CCG average of 96% and national average of 94%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less, was 82%, compared to the CCG average of 84% and national average of 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 78%, compared to the CCG average of 91% and national average of 88%. Figures from 2015-16 which have not yet been published but were shared with us by the practice, showed this figure had decreased to 76%.

The practice have increased the availability of HCA appointments to increase the number of foot checks carried out on diabetes patients, increasing performance for this indicator.

Performance for mental health related indicators was in line with the national average, although rates of exception reporting were much higher than expected. For example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses, who had a comprehensive, agreed care plan documented in the

# Are services effective?

## (for example, treatment is effective)

record in the preceding 12 months, was 97%, compared to the CCG average of 88% and national average of 88%. However, exception reporting by the practice for this indicator was 28%, compared to the CCG average of 7% and national average of 13%. The practice had put in place an action plan to address this. QOF data for 2015-16, which the practice had access to but had not yet been published, showed the number of patients receiving this intervention had dropped to 88% but exception reporting rates had reduced to 8%.

- 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%, compared with the CCG average of 86% and national average of 90%. However, exception reporting for this indicator was higher than expected at 40%, compared to the CCG average of 8% and national average of 10%. Results following the implementation of the action plan to address this, from QOF data from 2015-16 which the practice had access to but has not yet been published, showed the score for this indicator this year was 89% with an exception reporting rate of 11%.

We saw that performance for QOF indicators on the care of patients with dementia had been lower than local and national averages, but had improved in the past 12 months:

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 75%, compared with the CCG average of 83% and national average of 84%. QOF data shared with us by the practice for 2015-16, but not yet published, showed this figure had increased to 80%.

Performance for QOF indicators on the care of patients with respiratory illness showed the practice scores were lower than CCG and national averages. For example:

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that included an assessment of asthma control using the three RCP questions, was 75%, compared to the CCG average of 74% and national average of 75%. However, we noted exception reporting rates for the practice were high, at 24% compared to the CCG average rate of 8% and national rate of 7.5%. QOF data

from the year 2015-16, shared with us by the practice but not yet published, showed this score had dropped to 69% for this care indicator, with an exception reporting rate of 22%.

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 93%, compared to the CCG average of 88% and national average of 90%. However, exception reporting for the practice was high at 29%, compared to the CCG average of 11% and national average of 11%. QOF data from the year 2015-16, shared with us by the practice but not yet published, showed this score had dropped to 90% and that the rate of exception reporting had remained high at 29%.

The practice had put some measures in place to improve on this performance. For example, the partners had recently recruited a practice nurse who had specialised in respiratory diseases at Broadgreen Heart and Chest Hospital. The work of this specialist nurse complements that of the Advanced Nurse Prescriber who has a Diploma in asthma care and has completed courses in spirometry and respiratory management.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of the dementia audit had led to improved rates of diagnoses of dementia, ensuring these patients have access to the care and treatment they need.

Information about patients' outcomes was used to make improvements such as having a practice protocol in place for referral of children under five to hospital. This work also linked to the correct prescribing of antibiotics for children under five years of age, ensuring that applicable national guidance was followed.

### Effective staffing

# Are services effective?

## (for example, treatment is effective)

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. We saw that improvement plans for the treatment of patients with respiratory conditions ensured that the ANP was sufficiently trained to carry out this work.
- 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.
- 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. 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.

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

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. These patients were signposted to the relevant service or received on-going information and support from the practice clinicians.

QOF data from 2014-15 showed the practice's uptake for the cervical screening programme was 90%, which was higher than the CCG average of 81% and the national average of 82%. However, the rate of exception reporting for this indicator of care was 17%, compared to the local average of 5% and national average of 6%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by sending out personalised letters,

## Are services effective? (for example, treatment is effective)

urging patients who had missed their appointment to attend. However, we did note that the practice had not taken steps to advertise their Saturday opening and late night clinics to this patient group, where female sample takers could be available outside of working hours.

The practice 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 96% and five year olds from 92% to 97%.

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.

Of the 16 patient Care Quality Commission comment cards we received, 14 were positive about the service experienced. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect. The less positive comments were about how difficult it was to get through to the practice by phone and how this made it difficult to secure on the day appointments.

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

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

- 93% 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%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 87%.

- 94.5% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97.5% and the national average of 95%
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89.5% 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:

- 89% 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 national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 90% and national average of 85%.

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

- Staff told us that translation services were available for any 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 and the practice kept a folder of easy read communication tools to assist the understanding of patients with learning difficulties.

### **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 152 patients as carers which is approximately 1.5% of the practice list.

Written information was available to direct carers to the various avenues of support available to them. We saw that practice GPs were particularly supportive of those carers who had provided care on a long term basis for relatives with complex health care needs. We saw examples of GPs making considerable efforts to secure respite breaks for these patients, and respite care for their relatives. We also noted that GPs supported the mental health of these

patients, recognising the psychological as well as the physical impact that caring for relatives with complex health problems can have on patients. The practice had significantly higher numbers of patients over 65 than the England average, and significantly lower numbers of patients aged 49 and under for both male and female. We particularly noted that of the 152 carers identified by the practice, 82 of these were over 65 years of age.

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

However, we also saw that GPs readily made themselves available to patients who had experienced bereavement, seeing these patients at the end of a surgery to allow them greater time to talk about their immediate feelings and to assess their well-being. We saw instances where GPs had supported younger patients experiencing bereavement, specifically in cases where counselling or support services were not immediately accessible. In a number of cases we saw examples of GPs going above and beyond what is expected of them; feedback from patients we spoke with and on patient comment cards reflected this.

# 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 surgery Friday evening and on Saturday morning for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and appropriate communication tools were used to involve these patients in decisions on their care and treatment options.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. The practice was a designated Yellow Fever Vaccination Centre.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had plans to develop the practice by either refurbishing and extending the existing building or by moving to a purpose built facility.
- GPs were responsive to the needs of carers. Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

### Access to the service

The practice was open between 8am to 6.30pm Monday to Thursday, and was open until 7pm on Friday. The practice was also open on Saturday morning for pre-booked appointments only. Extended hours appointments were offered on Friday evening between 6pm and 7pm and every Saturday morning from 8.30am to 12.30pm. 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.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 78%.
- 54% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 73%.

To reduce phone traffic, making it easier to get through to the practice by phone, the practice had increased the amount of information available on the practice website. For example, details of flu clinics were clearly set out on the website; patients were being seen at clinics according to their surname. We also saw that test results were only available after a certain time, and the 'front page' of the practice website was a 'go to' place for patients requiring information on child immunisation clinics, opening times over Christmas and other seasonal holidays.

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.

All requests for home visits were recorded and these were triaged by GPs. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

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

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

available in reception and the practice complaints policy was available on the practice website. This was written in plain English and set out clearly how any complaint or concern would be handled.

We looked at three complaints received in the last 12 months and all of these had been handled in line with the

complaint policy. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result of findings of these investigations, to improve the quality of care wherever possible.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which staff could identify and explain. Staff demonstrated an understanding of the values held by the practice.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical 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 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 and were keen to introduce measures that could improve patient services. Staff told us the partners were approachable and took the time to listen to all members of staff.

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

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

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

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

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

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

The practice encouraged and valued feedback from patients, the public and staff. 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 had supported the partners and practice manager in the plans for development of the practice, whether in the existing premises or at any newly built facility.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

# Are services well-led?

Good 

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

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. We saw that audit and performance figures were used to drive improvements. However, some further work was required to ensure improvements were delivered in the uptake of chronic disease reviews and cervical smears.

The practice partners had initiated 'lunch and learn' sessions, inviting consultants to come in to the practice to deliver short learning sessions, for example, on updates to joint injections, adding to the continuous professional development of clinicians within the practice

All staff we spoke with were enthusiastic about delivering high quality service to all patients.