

# Dr Mary Renton

## Quality Report

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

### Ratings

#### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Mary Renton known locally as Islington House Medical Centre on 10 December 2015. Overall the practice is rated as Good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect 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.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet peoples' needs.
- 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.
- The practice did not have the required information available to demonstrate the premises and all equipment was fit for purpose. Equipment for use in a medical emergency was not available.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

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

# Summary of findings

- Undertake a risk assessment for the need to have oxygen and a defibrillator for use in an emergency. To refer to current external guidance and national standards, that encourage practices to have defibrillators and oxygen equipment available for emergency use.
- Establish a system for identifying, assessing and managing risks associated with the building. Information to show the management of electrical, heating, safety and building facilities should be

available to ensure the practice complies with statutory requirement to minimise risk. The practice should develop a planned and preventative maintenance programme for the building and this should include the improvements required to the floor of the practice treatment room.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe. 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 there were unintended or unexpected safety incidents, patients received reasonable supportive information, a verbal and written apology and 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 people safe and safeguarded from abuse. Risks to patients were assessed and well managed. However they did not have the full and required information available to demonstrate the premises and all equipment was fit for purpose. Equipment for use in a medical emergency was not available.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. 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 multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a

Good



# Summary of findings

named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that 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. It 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 this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. 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.

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. It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. In 2015 they reviewed all patients over 75 years and produced a geriatric care plan for all. As part of the local community the practice had developed a close relationship with a scheme named Everton in the Community and patients had attended the dementia programme and stand together programme. Annual reviews of care plans took place with the patient and their carer, ensuring that unmet needs were identified. All older patients received an annual medications review. Annual flu clinics including stalls and information from care agencies and voluntary groups were set up. The practice prides itself on having one of the highest rates of influenza and pneumococcal vaccination uptake. Safeguarding policies and procedures were in place. Support for carers including a carer support pack was available, signposting patients to support agencies and services in the local area.

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. This includes weekly home visits to the housebound patients. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### 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 were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. The percentage of patients having a cervical screening test was

Requires improvement



# Summary of findings

comparable to national figures. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good 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), although this area has high levels of unemployed people. 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. Extended hours were in place with the practice opening at 7am each Wednesday morning. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice designed and sent out a men's health letter to reach a population that does not always engage with health services. They also facilitate appointments for cryotherapy, by running lunch time clinics.

## **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 homeless people, travellers and those with a learning disability. They have a very close relationship with their community matron and District Nurse caseload holder. Meetings were held each Wednesday morning to discuss patients every and review their care. The practice offered longer appointments for people with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. One of the senior GPs helped set up a social isolation project in conjunction with Everton in the Community. 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). 100% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months compared to 83%

# Summary of findings

nationally. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It 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. It 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 people with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015. The results showed the practice was performing in line with local and national averages. There were 400 survey forms were distributed and 96 were returned. This is a response rate of 23.3% and representative over 4.2 of the practice population.

The survey responses showed that:

- 93% of respondents found it easy to get through to this surgery by phone, (CCG average of 75%, national average of 73%).
- 94% found the receptionists at this surgery helpful (CCG average 88%, national average 87%).
- 88% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).

- 87% described their experience of making an appointment as good (CCG average 76%, national average 73%).
- 67% usually waited 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were all positive about the standard of care received. Mostly patients commented positively about access to GP appointments, the friendliness of reception staff, the caring nature of GPs and all staff and how well their needs had been met. We spoke with four patients during the inspection. All four patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

## Areas for improvement

### Action the service SHOULD take to improve

Undertake a risk assessment for the need to have oxygen and a defibrillator for use in an emergency. To refer to current external guidance and national standards, that encourage practices to have defibrillators and oxygen equipment available for emergency use.

Establish a system for identifying, assessing and managing risks associated with the building. Information

to show the management of electrical, heating, safety and building facilities should be available to ensure the practice complies with statutory requirement to minimise risk. The practice should develop a planned and preventative maintenance programme for the building and this should include the improvements required to the floor of the practice treatment room.

# Dr Mary Renton

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr Mary Renton

Dr Mary Renton, known locally as Islington House Medical Centre is registered with CQC to provide primary care services, which include access to GPs, family planning, ante and post natal care. The practice is situated within the centre of Liverpool. This area has higher than average deprivation scores for income, employment, healthcare and deprivation affecting children and older people. The practice has a Primary Medical Services (PMS) contract with a registered list size of 2240 patients (at the time of inspection). This is a family run practice with two GP partners. The practice has a practice nurse, practice manager and a number of administration and reception staff.

The practice is open between 8am to 6.30pm Monday to Friday with appointments bookable in a variety of ways. Extended access is available from 7am on Wednesday mornings. Home visits and telephone consultations were available for patients who required them, including housebound patients and older patients. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring to obtain healthcare advice or treatment.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. 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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) and Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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.

## How we carried out this inspection

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

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

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

# Detailed findings

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

Before our inspection we carried out an analysis of the data from our Intelligent Monitoring system. We also reviewed

information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas.

We reviewed all areas of the practice including the administrative areas. We sought views from patients face-to-face, looked at survey results and reviewed comment cards left for us on the day of our inspection. We spoke with staff and patients at the practice on the day of our inspection.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events and regular records were made. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice carried out a thorough analysis of the significant events. We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, people received reasonable support, information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. This included when patients made complaints and changes were required.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse which reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding both adults and children. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities however the practice nurse did not have the level of training appropriate to their role. GPs and clinical staff were trained to Safeguarding level 3 and all other staff were appropriately trained.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role, the practice had a written policy and staff 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, however the floor in the patient treatment room was worn and areas of this were difficult to clean. The practice manager was the infection control clinical leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that one was planned for after the inspection.
- The arrangements for managing medicines, including emergency drugs and vaccinations in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found that 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.

### 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. Rooms had panic buttons.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.

## Are services safe?

- The practice did not have an automated defibrillator or oxygen available on the premises for emergency use. A first aid kit and accident book was 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.
- Risk management processes to ensure the building and equipment were in place. Certificates for the calibration of equipment were seen but full and comprehensive information relating to the premises was not available during the inspection. The practice confirmed that a legionella risk assessment for the building had not been completed. After the inspection we were informed that the practice manager had put a regular maintenance portfolio in place which will be updated with any works carried out to the building and maintenance of equipment.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line 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 peoples' needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

The practice used the information collected for the Quality 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 practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was better than the CCG and national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (April 2013 – March 2014) was 97%, compared to 88% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average (the practice achieved 81% compared to 83% nationally).
- Performance for mental health related indicators was better than the CCG and national average. For example the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2013 to 31/03/2014) was 100% compared to 84% nationally

Clinical audits demonstrated quality improvement. We looked at a sample of three clinical audits completed in the last two years; these were all completed audits where any improvements made or needed were implemented and monitored. All of these audits (anti-biotic audit, cancer diagnosis and minor surgery) demonstrated positive outcomes for patients had been achieved.

The practice participated in applicable local audits, national benchmarking and research. Findings were used by the practice to improve services.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for newly appointed non-clinical members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months. Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available. The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

# Are services effective?

(for example, treatment is effective)

## 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, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records, audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

## Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. For example we heard that the care of older people was a priority for the practice and subsequently they operated a housebound patient

review system. This involved regular routine visits to older patients for proactive not reactive care. In 2015 the practice reviewed all over 75 year old patients and produced a geriatric care plan for all. As part of the local neighbourhood the practice had a close relationship with Everton in the Community scheme. Older patients had attended the dementia programme and stand together programme run as part of this programme

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 78%, which was comparable to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients and treated people 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 and that 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 18 patient CQC comment cards we received were extremely positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were kind, helpful, caring and treated them with dignity and respect.

We also spoke with five patients including one member of the patient participation group. They also told us they were very 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.

Patients told us that staff knew them personally, knew their medical conditions and would always ensure they were given a same day appointment if they were unwell due to their long term condition. Comments also told us that staff listened to them, provided them with options of care and gave appropriate advice and treatment for their specific condition. Patients with long term conditions, vulnerable patients and those with children told us they were given good care, were listened to and time given to them.

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

- 94% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 90% said the GP gave them enough time (CCG average 89%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 94% said the last GP they spoke to was good at treating them with care and concern (CCG average 96%, national average 95%).
- 94% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

Some results were below local and national average for example:

- 88% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 90%).

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

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey were around average or above for questions about their involvement in planning and making decisions about their care and treatment. For example:

- 100% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 96% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 85%.
- 96% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 85 %.

## Are services caring?

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer and patients told us they were well supported if

they were also a carer. The practice had identified and held a register of its carers. The PPG had held events to support carers and in dementia awareness. Written information was also available for carers to ensure they understood the various avenues of support available to them.

# 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. For example;

- There were longer appointments available for people with a learning disability.
- The practice had regular follow ups to identify long term conditions early and therefore improve patient care.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Early morning surgery is operated for working families
- As neighbourhood lead the senior GP partner helped set up a social isolation project in conjunction with Everton in the Community.

### Access to the service

The practice was open between 8am to 6.30pm Monday to Friday with appointments bookable in a variety of ways. Extended access is available from 7am each Wednesday morning. In addition to pre-bookable appointments that could be booked up to six 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. People told us on the day that they were were able to get appointments when they needed them.

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 85%.
- 91% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 83% patients described their experience of making an appointment as good (CCG average 75%, national average 73%).
- 55% patients said they usually waited 15 minutes or less after their appointment time (CCG average 62%, national average 65%).

### 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, posters and a complaints leaflets were available in the patient reception area.

We looked at three complaints received in the last 12 months and found these were dealt with in a timely way and in accordance with the practice complaints policy. We saw that when complaints were reviewed, the practice displayed openness and transparency when dealing with the complaint. Lessons were learnt from concerns and complaints 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 statement of purpose, vision and an ethos to be the patient's advocate and provide high quality healthcare. The practice did not have a formal mission statement but all staff shared the same ethos to provide patient centred care to all patients across their community.

### Governance arrangements

Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice policies and procedures that were implemented, staff were familiar with and that they could all access.
- A system of reporting incidents without fear of recrimination.
- Staff learnt from incidents and complaints.
- Systems for monitoring performance against targets including QOF and patient surveys.
- Audits based on local and national priorities which demonstrated an improvement on patients' outcomes.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' and staff feedback through an active PPG, surveys, face to face discussions, appraisals and meetings. Acting on any concerns raised by both patients and staff.
- The GPs were all supported to address their professional development needs for revalidation and all staff in appraisal.
- Arrangements for identifying and managing risks such as fire, security and general environmental health and safety risk assessments.

### Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritised high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

GPs aware of and complied with the requirements of the Duty of Candour. They encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents the practice gave affected people support and an apology

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

- Regular staff meetings, partner meetings and clinical and multi-disciplinary meetings were held.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners and management in 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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys, the NHS friends and family test and complaints received. There was an active PPG which met on a regular basis, helped to carry out surveys and submitted proposals for improvements to the practice management team.
- The practice had also 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.

### Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Training and development was encouraged and supported. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.