

# Dr RI King's Practice

## 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

We carried out an announced comprehensive inspection at Dr RI King's Practice on 9th February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety. The practice had a system in place to report significant events. However some events had not been recorded and shared with the team which limited learning from all events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed for example, arrangements to safeguard vulnerable patients, keep medicines safe and managing infection control.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff retention at the practice was good offering stability and continuity of care to patients.

- Patients were positive about the practice and the staff team. They said they were treated with dignity and respect and felt involved in decisions about their treatment.
- Information about services and how to complain was available but not displayed in the patient waiting area.
- Patients were positive about accessing appointments with a named GP and said that there was continuity of care. However some patients said they found difficulties in accessing an appointment after 8am.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.

The areas where the provider should make improvement are:

- Ensure all significant events are reported and recorded and findings shared with staff to promote learning.
- Ensure recruitment arrangements include all necessary employment checks for all staff.

# Summary of findings

- Review access and availability of the complaints procedure and review ways of capturing verbal complaints and suggestions.
- Review the management and availability of appointments with patients.
- Ensure updated training is provided for all staff including infection control and the Mental Capacity Act 2005.

## **Letter from the Chief Inspector of General Practice**

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was a system in place for reporting and recording significant events. However, not all events had been recorded and shared with staff.
- The practice had clearly defined and embedded systems in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- 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 patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with 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. Staff had developed communication boards to help sign post patients to various services and support organisations. The practice had received an award in 2014 for the work they had achieved in supporting carers. They had 205 patients registered as carers.
- We saw staff treated patients with kindness and respect, and maintained patient confidentiality.

Good



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

The practice is rated as good for providing responsive services

Good



# Summary of findings

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- 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.
- Patients said they were able to make an appointment with a named GP and there was continuity of care. A small number of patients felt that it was difficult to access an appointment on the day if they rang after 8am.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available to patients on request. As this was not freely available in patient waiting areas.

## 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 their responsibilities in putting their patients first.
- There was a clear leadership structure and staff felt supported by management. There was an overarching governance framework which supported the delivery of good quality care.
- The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and the patient participation group (PPG.)
- 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. All patients over 75 years had a named accountable GP. Dementia assessments were carried out in house.
- Health checks were provided for patients over 75 years and referrals made to any necessary services. The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Older patients were called annually to receive flu vaccinations and some patients were visited at home to provide this service.
- Any patients over 75 years who had attended A and E were contacted by the practice.

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. The practice kept up to date registers of patients' health conditions. They worked closely with additional services such as cardiology, respiratory teams, diabetes and ear nose and throat (ENT) clinics.
- Longer appointments and home visits were available when needed.
- Patients with mental health needs and learning disabilities had structured annual reviews to check their health needs were being met.
- For those patients with the most complex needs, the staff worked with Macmillan nurses and the community matrons to deliver a multidisciplinary review of their care. They had identified nine patients receiving palliative care.
- The practice had identified patients who were at risk of unplanned hospital admissions and supported these patients to stay well at home.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Patients told us that children and young people were treated in an age-appropriate way. Relatives were pleased with the rapport and welcoming attitudes of the staff towards their children.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test has been performed in the preceding 5 years was comparable with national data.
- The premises were suitable for children and babies and the practice
- The practice had in-house ant- natal, post-natal clinics and flexible children's immunisation clinics.
- Staff work closely with the domestic violence unit in Kirkby and display contact numbers in discreet patient areas including in the patient toilets.

## **Working age people (including those recently retired and students)**

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice had introduced access to telephone consultations each day.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs of this age group.
- Health checks were offered to patients between 40-74 years of age to promote patient well-being and address any health concerns.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in circumstances that could make them vulnerable including patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



# Summary of findings

- 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.
- Staff used translation services to assist patients who did not have English as their first language.

## **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).

- 90.01% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is above the national average. They had identified 42 patients with dementia.
- The practice had supported patients experiencing poor mental health offering guidance on how to access various support groups and voluntary organisations. They had in-house counsellors who visited the practice several times a week.
- Staff demonstrated a good understanding of issues around patient consent however not all staff had received updated training in the Mental Capacity Act 2005.

Good



# Summary of findings

## What people who use the service say

The GP national patient survey results published on 2 July 2015 showed the practice performance was comparable and sometimes slightly lower in some areas compared with local and national averages. 419 survey forms were distributed and 107 were returned. This represented 25.5 % of the respondents and less than 2% of the practice's patient list.

- 84.1% found it easy to get through to this surgery by phone compared to a CCG average of 77% and a national average of 73.3%.
- 91.6% say the last appointment they got was convenient compared to a CCG average of 95.3% and a national average of 91.8%.
- 78% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82.6%, national average 85.2%).
- 77% described the overall experience of their GP surgery as fairly good or very good (CCG average 85.6%, national average 84.8%).
- 72.2% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75.5%, national average 77.5%).

The GP's had analysed their appointment system over the last five years as they had changed from an open access system where patients used to attend the practice without an appointment and waited to be seen. They had monitored the changes to the present system for booking appointments and introduced telephone consultations for patients. They noted in 2015 that not all of these appointments had been used.

As part of our inspection process, we asked patients to complete comment cards prior to our inspection, to share their views on the service. We received 9 comment cards. We spoke with 5 patients and three members of the Patient Participation Group (PPG.) All of the patients indicated that they found the GPs, nursing and reception staff were helpful and caring. They gave a lot of praise and positive comments about the staff and the standard of care they had received. Four patients told us they thought the appointment system should be reviewed and three patients told us they had encountered difficulties accessing an appointment if they rang after 8 am.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure all significant events are reported and recorded and findings shared with staff to promote learning.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Review access and availability of the complaints procedure and review ways of capturing verbal complaints and suggestions.
- Review the management and availability of appointments with patients.
- Ensure updated training is provided for all staff including infection control and the Mental Capacity Act 2005.

# Dr RI King's Practice

## 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 Dr RI King's Practice

Dr RI King's practice is based in a purpose built facility in a residential area of Knowsley close to local amenities. The practice is based in a more deprived area when compared to other practices nationally. The male life expectancy for the area is 75 years compared with the CCG averages of 77 years and the National average of 79 years. The female life expectancy for the area is 79 years compared with the CCG averages of 81 years and the National average of 83 years. There were 6400 patients on the practice list at the time of inspection.

The practice has three GP partners (one female) and one male salaried GP. The practice has two practice nurses, a practice manager, a data manager, reception and administration staff. The practice is a teaching practice that hosts medical students on placement.

The practice is open Monday to Friday from 8am to 6.30pm. Appointments were accessible from 8.40am to 5.40pm. Patients requiring GP services outside of normal working hours are referred on to the local out of hour's provider for Knowsley, Urgent Care 24 (UC24).

The practice has a Personal Medical Services (PMS) contract. In addition the practice carried out enhanced services such as health assessments for patients with learning disabilities and flu and shingles vaccinations.

### 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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

### How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 February 2016. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, the practice manager, the data manager, administration and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

# Detailed findings

- 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. Staff acknowledged the need to capture all events within their recording system and share these with the wider team. They advised that their review would ensure they recorded a larger remit of events to help share good practice within the team. Some of the staff team that we spoke with were not aware of some recent significant events.
- We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Actions had been taken after a previous incident which resulted in the practice reviewing security and access to the practice.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead 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 relevant to their role. GPs were trained to Safeguarding level 3.
- 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 check (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 practice nurse and one of the GPs were 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 most staff had received up to date training. External infection control audits were undertaken and the practice had achieved 100% in its latest audit.

- The arrangements for managing medicines, including emergency drugs and vaccinations in the practice kept patients safe. 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. The local pharmacist gave positive feedback in regard to the liaison and communications that they had with the practice staff. They felt they worked jointly to promote good outcomes for their patients. 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 most of the files had appropriate recruitment checks 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. We found just one file without a medical questionnaire and interview notes.
- There were 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.

#### • 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, up to date fire risk assessments and regular fire drills were carried out. 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 the safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

## Are services safe?

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The GP's told us they had two vacancies for nurse clinicians.
- **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 which alerted staff to any emergency. All staff received annual basic life support training.
- The practice had oxygen with adult and children's masks. However it was not safely stored and at risk of falling over.
- 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 business continuity plan in place for major incidents such as power failure or building damage.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

- 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 and audits.

### 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 93.6% of the total number of points available. This practice was an outlier for the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months. However the practice had identified that the service commissioned for this work did not always provide timely information when patients had been seen which affected their overall score in this area.

Data from 2014-2015 showed that outcomes were comparable and sometimes above other practices nationally:

- The percentage of patients with hypertension having regular blood pressure tests was better than the national average. The practice rate was 86.45% compared with the national rate of 83.65%.
- Performance for mental health related indicators was better than national averages. For example; the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their records, in the preceding 12 months was 100% for the practice compared with the national average of 88.47%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less. The practice rate was 90.22% compared with the national rate of 78.03%.

Clinical audits demonstrated quality improvement.

- The CCG medicines management teams had worked with the practice to produce a number of clinical audits. Findings were used by the practice to improve services. For example: Monitoring of Domperidone (medication used to treat stomach disorders) prescribed to patients to help ensure compliance with recommended guidelines. The clinical audit identified all patients taking this medication and improvements in management of patients on this medication were made, for example, more frequent review of these patients to check if this medicine was being taken correctly.
- The GPs carried out annual audits reviewing the monitoring and prescribing of antibiotics. The audits looked at whether broad spectrum antibiotics had been prescribed in accordance with guidelines.
- We saw an audit that looked at osteoporosis which had had been commended by the CCG. The audit reviewed patients on high doses of proton pump inhibitors (PPI which are a group of medications that work on cells that line the stomach) and helped to identify risks associated with osteoporosis. Staff found that a large majority of these patients had commenced these drugs under the care of hospital treatments. The outcomes of the audit resulted in staff discontinuing repeat prescribing for these patients when they were discharged from their hospital clinics. This ensured they could be reviewed on discharge by the GPs to review their medications. They had also set up alerts on the practice computer system when any patient commenced taking a PPI drug. This audit showed improvements in the management of patients on these medications.
- Staff worked with other health and social care services to meet patients' needs. For example, the practice had regular multi-disciplinary team meetings to discuss the needs of patients with complex needs, palliative care meetings and meetings with the health visiting service to discuss the needs of younger children. Clinical staff spoken with told us that frequent liaison occurred outside these meetings with health and social care professionals in accordance with the needs of patients.

### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety and health and safety.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. The clinical staff we spoke with told us they kept their training up to date in their specialist areas. This meant that they were able to focus on specific conditions and provide patients with regular support based on up to date information.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff were happy with the training available. Training 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. We noted some gaps in training for a few staff who needed updated training in topics such as: infection control and in the Mental Capacity Act 2005.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. 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. Patients were then signposted to the relevant service.

The practice offered all new patients registering with the practice a health check with the practice nurse. The GP was informed of any health concerns detected and these were followed-up in a timely manner. The practice had numerous ways of identifying patients who needed additional support, and were pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and they were all offered an annual health check. The IT system prompted staff when patients required a health check such as a blood pressure check and arrangements were made for this.

The practice monitored how it performed in relation to health promotion. It used the information from QOF and other sources to identify where improvements were needed and to take action. QOF information for the period between 2014 to 2015 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were comparable to or above other practices nationally.

The practice's uptake for the cervical screening programme was 80.85% which was comparable to the national average of 81.83%. Staff carried out telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86.6% to 97.6%. The CCG averages ranged from 83.6% to 98.2%.

The percentage of patients with diabetes on the register, who had received an influenza immunisation in the preceding August to March was above average. The practice rate was 99.72% compared with the national average of 94.45%.

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

### Consent to care and treatment

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

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

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 and checks were made, where abnormalities or risk factors were identified.

The practice nurses had attended a recent residential weekend course covering respiratory conditions. Following

this training, staff arranged to implement assessments and plans for all patients identified with asthma. This work commenced in October 2015 and out of 74 patients, 64 already had action plans in place to help manage their asthma.

# 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.
- 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 nine Care Quality Commission comment cards completed by patients were positive about the service they received. Patient feedback about GPs, nurses and reception staff within the comments cards was positive. We spoke with three members of the patient participation group and five patients during our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Some staff had worked at the practice for many years and knew their patients well. Patients told us that they and their families had been with the practice for many years and felt the standards of service were very good.

Data from the GP National Patient Survey published in July 2015 showed that patients' responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were in line with or above average when compared to local and national averages for example:

- 85.8% said the GP was good at listening to them compared to the CCG average of 88.1% and national average of 88.6%.
- 83.9% said the GP gave them enough time (CCG average 86.6%, national average 86.6%).
- 97.3% said they had confidence and trust in the last GP they saw (CCG average 93.7%, national average 95.2%)
- 89.3% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92.6%, national average 90.4%).

- 84.8% said they found the receptionists at the practice helpful (CCG average 89.5%, national average 86.8%)

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

On the day of the inspection patients told us they felt involved in decision making about the care and treatment they received. They told us they did not feel rushed during their appointment and they always felt the doctors and nurses listened to them during consultations. Patient feedback on the comment cards we received was also positive about how involved they were with their treatment.

Results from the GP national patient survey showed patients results were comparable with local and national averages. For example:

- 83.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84.5% and national average of 86.0%.
- 79.1% said the last GP they saw was good at involving them in decisions about their care (CCG average 82.1%, national average 81.4%)
- 90.6% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92.1% and national average of 89.6%.
- Staff told us that translation services were available for patients who did not have English as a first language.

### 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. The practice had identified 205 patients at the practice who were also carers. There was a practice register of all people who were carers and they were being supported, for example, by offering health checks, flu vaccinations and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. In 2014 the practice received a local carer's award for the work and support they had provided for their patients.

## Are services caring?

The practice were involved with a number of initiatives to help the local community, including: the issuing of food bank vouchers for those patients identified as being in need. They arranged for taxis for those patients with limited mobility and living alone to enable them to attend hospital appointments and appointments at the practice. The practice sponsored a guide dog and they hosted a number of community events at the practice

such as Healthy Homes and Knowsley council supporting energy bills, were organisations came to the practice to offer support and help to patient's access information on various topics.

Staff told us that if families had suffered bereavement, they sent them a sympathy card and the GP recorded the bereavement within their notes.

# 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 patients with a learning disability and long term conditions.
- Home visits were available for older patients and housebound patients who would benefit from these including visits to provide their flu vaccinations.
- The practice offered regular follow ups to identify long term conditions early and improve patient care. Annual health checks were offered to patients with a learning disability and patients with mental health needs.
- Same day appointments were available for those with serious medical conditions.
- The building was purpose built, had disabled facilities and translation services available.
- The practice had various notice boards which included: PPG information, carers' information, health promotion material and sign posting for the contact details for various organisations.

#### • Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Appointments were from 8.40am to 5.40pm daily. In addition to pre-bookable appointments, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey published July 2015 showed that patient satisfaction with how they could access care and treatment was comparable with and sometimes lower than local and national averages.

- 69.4% of patients were satisfied with the practice's opening hours compared to the (CCG average of 81.4% and national average of 74.9%.)
- 84.1% patients said they could get through easily to the surgery by phone (CCG average 77%, national average 73.3%.)

- 78% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82.6%, national average 85.2%.)
- 73.2% patients said they always or almost always see or speak to the GP they prefer (CCG average 63.9%, national average 60.0%).
- Patients told us that they could usually access appointments when they needed them. However three patients told us they had experienced difficulties trying to get an appointment if they rang after 8am and four patients felt that the appointment system should be reviewed. The GPs had analysed their appointments over the last 5 years and had introduced telephone appointments to improve patients access to GPs. The GPs had met in January to discuss the GP National Patient Survey results and planned to arrange further meetings to discuss areas that required action from them in response to patient comments.

### Listening and learning from concerns and complaints

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

- The practice 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.
- Information on how to complain was not available in the reception area, but could be provided on request. Reception staff did have access to patient leaflets with advice on how to make a complaint. There had been no recorded complaints over the last 12 months. The practice staff had not always recorded verbal complaints. Staff told us they referred patients to the practice manager. Two patients told us they were unaware of how to make a complaint and one patient wanted to make a suggestion but was unsure how to do this. Records to capture verbal complaints should be in place and should be reviewed alongside procedures for written complaints.

# 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.

- Staff we spoke with were clear about their commitment to provide patients with a positive experience with the best possible outcomes for patients.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of 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.
- The management team had a comprehensive understanding of the performance of the practice and met informally on a day to day basis and at weekly and monthly basis.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements, although staff acknowledged they hadn't always recorded all of their audits.

#### • Leadership and culture

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

The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings and they had lots of informal meetings with good

communications within the staff team. Staff told us there was an open culture within the practice and how they had the opportunity to raise any issues at team meetings, felt confident in doing so and felt supported if they did.

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

The practice encouraged and valued feedback from staff. It proactively sought patients' feedback from their patients participation group (PPG.)

- The PPG group met regularly and felt listened to. They had contact with their local Health watch group in Knowsley and were able to get additional feedback about the practice from this organisation which they raised with the practice. The practice were looking at developing the building and extending the practice. This would help them to improve the reception area, offering increased privacy for patients when discussing their needs with reception staff.
  - The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December. However there had been no analysis of the surveys or feedback to patients.
  - The practice gathered feedback from staff through meetings and informal discussion. Staff told us they felt able 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 strong focus on continuous learning and improvement at all levels within the practice. Staff told us they felt well supported and we could see the staff engaged with training within the CCG and events managed for practice nurses via their practice nurse forum. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the management of foot examinations for patients who were diabetic.