

Dr Reynolds & Partners Padgate Medical Centre

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 Dr Reynolds & Partners Padgate Medical Centre on 8 June 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Significant events had been investigated and action had been taken as a result of the learning from events.
- Systems were in place to deal with medical emergencies and all staff were trained in basic life support.
- There were systems in place to reduce risks to patient safety. For example, infection control practices were good and there were regular checks on the environment and on equipment used.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Feedback from patients about the care and treatment they received from clinicians was positive.
- Data showed that outcomes for patients at this practice were similar to outcomes for patients locally and nationally.
- Staff felt well supported and they were kept up to date with appropriate training. Staff we spoke with told us they had the skills, knowledge and experience to fulfil their roles and responsibilities.
- Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Patients said they found it easy to make an appointment and there was good continuity of care.
- The practice had good facilities, including disabled access. It was well equipped to treat patients and meet their needs.

Summary of findings

- Information about services and how to complain was available. Complaints had been investigated and responded to in a timely manner and the practice made improvements to the service in response to complaints and other feedback.
- The practice had a clear vision to provide a safe and high quality service.
- There was a clear leadership and staff structure and staff understood their roles and responsibilities.
- The practice provided a range of enhanced services to meet the needs of the local population.
- The practice sought patient views about improvements that could be made to the service. This included the practice having and consulting with a patient participation group (PPG).

Areas where the provider should make improvements;

- Produce an action plan as to how outstanding recommendations from the most recent infection control audit will be addressed and how any risks associated with this will be mitigated in the meantime.
- Review and update the complaints information provided to patients.
- Improve checks on emergency medicines and medical equipment to ensure they include all items for use outside of the premises.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff learnt from significant events and this learning was shared across the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded them from abuse.
- Staff had been trained in safeguarding and they were aware of their responsibilities to report safeguarding concerns. Information to support them to do this was widely available throughout the practice.
- Risks to patients were assessed and well managed.
- Infection control practices were carried out appropriately and in line with best practice guidance.
- Health and safety related checks were carried out on the premises and on equipment on a regular basis.
- The practice had a large and well established staff team. We looked at a sample of staff recruitment records and found that appropriate pre-employment checks had been carried out to ensure staff suitability.
- Systems for managing medicines were effective and the practice was equipped with a supply of medicines to support people in a medical emergency.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Patients' needs were assessed and care was planned and delivered in line with best practice guidance.
- The practice monitored its performance data and had systems in place to improve outcomes for patients. Data showed that outcomes for patients at this practice were generally comparable to those locally and nationally. For example; the percentage of patients with diabetes who had had an influenza immunisation in the preceding 8 months was 90% compared to a national average of 94%.
- The practice worked in conjunction with other practices in the locality to improve outcomes for patients.

Summary of findings

- Staff worked alongside other health and social care professionals to understand and meet the range and complexity of patients' needs.
- Clinicians met on a regular basis to review the needs of patients and the clinical care and treatment provided.
- Clinical audits were carried out to drive improvement in outcomes for patients
- Staff felt well supported and they had the training, skills, knowledge and experience to deliver effective care and treatment.
- A system of appraisals was in place and staff attended regular meetings.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment. Overall, they gave us positive feedback about the caring nature of staff.
- We saw that staff treated patients with respect and maintained confidentiality.
- Data from the national patient survey showed that patients generally rated the practice comparable to others locally and nationally for aspects of care. For example, having tests and treatments explained to them and for being treated with care and concern.
- Information for patients about the services available to them was easy to understand and accessible.
- The practice maintained a register of patients who were carers in order to tailor the services provided. For example to offer them health checks and immunisations.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of the local population and worked in collaboration with the NHS England Area Team, Clinical Commissioning Group (CCG) and partner agencies to secure improvements to services where these were identified and to improve outcomes for patients.
- The appointment system was flexible and responsive to patients' needs. The majority of patients we spoke with said

Summary of findings

they did not find it difficult to get an appointment and that there was good continuity of care. Urgent and routine appointments were available the same day and routine appointments could also be booked in advance.

- The practice worked as part of a cluster of practices to enable patients to access primary care outside of core hours.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and 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 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.
- There were systems in place to govern the practice and support the provision of good quality care. This included arrangements to identify risks and to monitor and improve quality.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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 (PPG) was active and they gave us examples of how the practice had made changes in response to their feedback.
- There was a clear focus on continuous learning, development and improvement linked to outcomes for patients. The challenges and future developments of the practice had been considered.

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.

Good



- The practice offered proactive, personalised care and treatment to meet the needs of the older people in its population. The practice kept up to date registers of patients with a range of health conditions (including conditions common in older people) and used this information to plan reviews of health care and to offer services such as vaccinations for flu.
- Patients over the age of 75 had a named GP and they had been informed of who this was.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were similar to or better than local and national averages. For example, the percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness was 91% compared to a national average of 89%.
- GPs carried out regular visits to local care homes to assess and review patients' needs and to prevent unplanned hospital admissions. Home visits and urgent appointments were provided for patients with enhanced needs.
- Care planning was carried out to prevent the highest risk patients from an unplanned hospital admission.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and care of patients nearing the end of their life) to ensure patients received appropriate care.

People with long term conditions

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

Good



- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required immunisations received these.
- Patients were provided with advice and guidance about prevention and management of their health and were signposted to support services.

Summary of findings

- GPs had lead roles in some chronic diseases and practice nurses were also responsible for chronic disease management. As part of this they provided regular, structured reviews of patients' health. Patients with several long term conditions were offered a single, longer appointment to avoid multiple visits to the surgery.
- Data from 2014 to 2015 showed that the practice was generally performing in comparison with other practices nationally for the care and treatment of people with chronic health conditions such as diabetes.
- The practice provided a phlebotomy service for patients.
- The practice provided an enhanced service to prevent high risk patients from unplanned hospital admissions. This included these patients having care plans and regular review of their medicines.

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 those who were at risk, for example, children and young people who had a high number of A&E attendances. A GP was the designated lead for child protection.
- Staff we spoke with had appropriate knowledge about child protection and they had ready access to safeguarding policies and procedures.
- Child surveillance clinics were provided for 6-8 week olds and immunisation rates were comparable to the national average for all standard childhood immunisations. Opportunistic immunisations were given to encourage uptake. The practice monitored non-attendance of babies and children at vaccination clinics and staff told us they would report any concerns they had identified to relevant professionals.
- The practice hosted a community midwife and regular postnatal clinics.
- Comprehensive family planning services were provided at a weekly clinic.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed was 76% which was comparable to the national average of 74%.
- Babies and young children were offered an appointment as priority and appointments were available outside of school hours.

Good



Summary of findings

- The premises were suitable for children and babies and baby changing facilities were available.
- The practice worked within a federation of practices to provide a 'Paediatric acute response nurse'. They also worked alongside the 'Community Respiratory Team' which is a nurse led service providing support and treatment for children with asthma or other respiratory conditions.

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.
- Telephone consultations were provided and patients therefore did not always have to attend the practice in person.
- The practice provided extended hours appointments one evening per week until 8.15pm. The practice was also part of a cluster of practices whose patients could access appointments at a local Health and Wellbeing Centre up until 8pm in the evenings Monday to Friday, and from 8am to 8pm Saturdays and Sunday mornings, through a pre-booked appointment system.
- The practice provided a full range of health promotion and screening that reflected the needs of this age group. Screening uptake for people in this age range was comparable to or above national averages. For example 72% of females aged 50-70 had been screened for breast cancer in the last three years compared to a national average of 72%.
- The practice was proactive in offering online services including the booking of appointments and request for repeat prescriptions. Electronic prescribing was also provided.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances in order to provide the services patients required. For example, a register of people who had a learning disability was maintained to ensure patients were provided with an annual health check and to ensure longer appointments were provided for patients who required these.

Good



Summary of findings

- The practice worked with other health and social care professionals in the case management of vulnerable people.
- Staff were aware of their responsibilities regarding adult protection including; information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice was accessible to people who required disabled access and facilities and services such as a hearing loop system (used to support patients who wear a hearing aid) and translation services were available.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.
- The practice hosted the Citizens Advice Bureau (CAB) to provide patients with advice on social and financial matters.

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).

- The practice maintained a register of patients who experienced poor mental health.
- There was a designated lead for mental health.
- Annual health checks were provided for patients with mental health concerns including dementia.
- The practice referred patients to appropriate services such as psychiatry and counselling services and patients experiencing poor mental health were informed about how to access support groups and voluntary organisations.
- Data about how people with mental health needs were supported showed that outcomes for patients using this practice were comparable to local and national averages. For example, data showed that 87% patients diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months. This compared to a national average of 84%.
- A system was in place to follow up patients who had attended accident and emergency and this included where people had been experiencing poor mental health.
- Processes were in place to prompt patients for medicines reviews at intervals suitable to the medication they were prescribed.

Good



Summary of findings

What people who use the service say

The results of the national GP patient survey published on 7 January 2016 showed the practice was performing comparably to other practices for patients' experiences of the care and treatment provided and their interactions with clinicians. There were 323 survey forms distributed and 139 were returned which equates to a 43% response rate. The response represents approximately 2% of the practice population.

The practice received scores that were comparable to the Clinical Commissioning group (CCG) and national average scores from patients for matters such as: feeling listened to, being given enough time and having confidence and trust in the clinicians.

For example:

- 91% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 90% and national average of 88%.
- 87% said the last nurse they spoke to was good at listening to them (CCG average 92% national average 91%).
- 91% said the last GP they saw gave them enough time (CCG average 89%, national average 86%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).

Overall, the practice scored lower than the CCG and national averages for questions about access and patients' experiences of making an appointment. For example:

- 66% of respondents gave a positive answer to the question 'Generally, how easy is it to get through to someone at your GP surgery on the phone?', compared to a CCG average of 60% and a national average of 73%.

- 61% described their experience of making an appointment as good (CCG average 68%, national average 73%).
- 68% were fairly or very satisfied with the surgery's opening hours (CCG average 73%, national average 78%).
- 77% found the receptionists at the surgery helpful (CCG average 84%, national average 86%). 19% find the receptionists at this surgery unhelpful compared to a national average of 11%.
- 22% said they always or almost always got to see or speak to their preferred GP (CCG average 30% national average of 36%).

The practice told us they regularly reviewed and adjusted the system of appointments and access and we saw that they had commissioned a review of the appointments system with a view to improving patients' experiences. Staff had also undergone training in customer care earlier this year.

The percentage of patients who described their overall experience of the surgery as good or fairly good was 80%. This compared to a CCG average of 82% and a national average of 85%.

We spoke with 10 patients during the course of the inspection visit and they told us the care and treatment they received from the practice was good. Clinical staff were praised for their caring and attentive attitude towards patients. Patients used terms such as 'excellent' and 'first class' when describing their experiences of the service.

As part of our inspection process, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards. The vast majority of these were very positive. However, three patients commented that they had been dissatisfied with staff attitude towards them.

Areas for improvement

Summary of findings

Action the service SHOULD take to improve

Areas where the provider should make improvements;

- Produce an action plan as to how outstanding recommendations from the most recent infection control audit will be addressed and how any risks associated with this will be mitigated in the meantime.
- Review and update the complaints information provided to patients.
- Improve checks on emergency medicines and medical equipment to ensure they include all items for use outside of the premises.

Dr Reynolds & Partners Padgate Medical Centre

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 advisor and a practice manager specialist advisor.

Background to Dr Reynolds & Partners Padgate Medical Centre

Dr Reynolds & Partners Padgate Medical Centre is located in Padgate, Warrington, Cheshire WA2 0RX. The practice was providing a service to approximately 6,900 patients at the time of our inspection.

The practice is situated in an area with below average levels of deprivation when compared to other practices nationally. Fifty seven per cent of the patient population has a long standing health condition and this is slightly higher than the national average.

The practice is run by three GP partners. There is an additional salaried GP (two male and two female). There are three practice nurses one of whom is a nurse clinician, a practice manager and a team of reception/administration staff.

The practice is open from 8am to 8.15pm on Mondays and 8am to 6.30pm Tuesday to Friday. The practice also provided a branch surgery at Woolston Branch Surgery, Woolston Neighbourhood Hub Hall, Woolston, Warrington

WA1 4PN. We visited the branch surgery as part of our inspection. The branch surgery is open 8.30am-5pm on Mondays, 8.30am-5.30pm Wednesdays and Fridays and 8.30am - 1pm on Tuesdays and Thursdays.

The practice had signed up to providing longer surgery hours as part of the Government agenda to encourage greater patient access to GP services. As a result patients could access a GP at a Health and Wellbeing Centre in the centre of Warrington from 6.30pm until 8pm Monday to Friday, 8am to 8pm Saturday and Sunday mornings. This was by pre-booked appointment. Outside of practice hours patients can access the Bridgewater Trust for primary medical services.

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits.

The practice has a Personal Medical Services (PMS) contract. The practice provides a range of enhanced services, for example: extended hours, childhood vaccination and immunisation schemes, and avoiding unplanned hospital admissions. The practice is a training practice for trainee GPs.

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

Detailed findings

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 June 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, the practice manager, the clinical lead and reception and administrative staff.
- Spoke with patients who used the service and met with a member of the patient participation group (PPG).
- Explored how the GPs made clinical decisions.
- Observed how staff interacted with patients face to face and when speaking with people on the telephone.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.
- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.

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 a system in place for reporting, recording and responding to significant events. Staff told us they would inform the practice manager of any incidents and there was also a form for recording these available on the practice's computer system. The provider was aware of their responsibilities to report 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). The practice carried out a thorough analysis of significant events. Significant events and matters about patient safety were discussed at a weekly practice meeting and we were assured that learning from significant events had been disseminated and implemented into practice. A review of significant events was also carried out on a quarterly basis.

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 that reflected relevant legislation and local requirements and safeguarding policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact details and process flowcharts for reporting concerns were displayed in the clinical areas. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. There was a lead member of staff for safeguarding. The GPs provided reports where necessary for other agencies. All staff had received safeguarding training relevant to their role. For example the GPs were trained to safeguarding level 3. Staff demonstrated they understood their responsibilities to report safeguarding and some staff provided examples of when they had raised concerns.
- Notices advised patients that staff were available to act as chaperones if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring

Service check (DBS) check. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead and they liaised with the local infection prevention team 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. We saw evidence that action had been taken to address improvements required as a result of the audits. However, we noted that the practice had not met all recommendations from the most recent infection control audit.
- The arrangements for managing medicines, including emergency drugs and vaccinations were appropriate and safe. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. There was a system to ensure the safe issue of repeat prescriptions. Patients who were prescribed potentially harmful drugs were monitored regularly and appropriate action was taken if test results were abnormal. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams and staff attended meetings with the Clinical Commissioning Group (CCG) to look at prescribing issues across the locality and how these could be improved. The practice had worked to improve prescribing practises in response to medicines prescribing data. A system was in place to account for prescriptions and they were stored securely.
- The practice had a high level of staff retention and many of the staff across all roles had been in post for a number of years. We reviewed a sample of staff personnel files in order to assess the staff recruitment practices. Our findings showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, proof of qualifications, proof of registration with the appropriate professional bodies and checks through the Disclosure and Barring Service (DBS). The practice was able to demonstrate that staff had been

Are services safe?

subject to checks of the Performers List, General Medical Council (GMC) and Nursing and Midwifery Council (NMC) to ensure the continued suitability of staff. This information was located in individual staff files. The practice manager told us they intended to introduce a document to provide an overview of this.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available with a poster in the reception office that staff could refer to.
- The practice had an up to date fire risk assessment and the fire procedures had recently been assessed as appropriate by the Fire Department.
- The practice had a variety of other risk assessments in place to ensure the safety of the premises such as infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. A systems was in place for checking equipment included in doctors' bags but this had not been consistently applied.
- 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 of the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in each of the consultation and treatment rooms which alerted staff to an emergency.
- All staff had received annual basic life support training. The practice had emergency medicines available. These were readily accessible to staff in a secure area of the practice and staff knew of their location. There was a system in place to ensure the medicines were in date and fit for use. This needed to be extended to ensure it include all doctors bags. The practice had a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises and oxygen with adult and children's masks.
- Systems were in place to record accidents and incidents.
- A system was in place for responding to patient safety alerts. This demonstrated that the information had been disseminated appropriately and action had been taken to make any required changes to practice.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The clinicians assessed patients' 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. NICE provides evidence-based information for health professionals.

Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. GPs clearly demonstrated that they followed treatment pathways and provided treatment in line with the guidelines for people with specific health conditions. They also demonstrated how they used national standards for the referral of patients to secondary care, for example the referral of patients with suspected cancers.

The practice monitored the implementation of best practice guidelines through regular (weekly) clinical meetings. These meetings also provided an opportunity for peer oversight and challenge on clinical decisions. The practice also held a 'Journal club' meeting on a monthly basis as an opportunity to share and discuss guidance and for staff to share the learning from any training they had attended. Some of these meetings also included guest speakers.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record.

Management, monitoring and improving outcomes for people

The practice used 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 most recent published results showed that the practice had achieved 90% of the total number of points available. Data from April 2014 to March 2015 showed;

- Performance for diabetes related indicators were generally comparable to the Clinical Commissioning Group (CCG) and national averages. For example, the

percentage of patients with diabetes, on the register, who had had an influenza immunisation in the preceding eight months (up to 31 March 2015) was 90% compared to a CCG average of 94% and a national average of 94%.

- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 91% compared to a CCG average of 91% a national average of 89%.
- The performance for mental health related indicators was comparable to or in some cases higher than the national average. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 87% (CCG average 85%, national average 84%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 95% (CCG average 92%, national average of 88%).

Information about outcomes for patients was used to make improvements. For example the practice had been identified as a higher than average prescriber of broad spectrum antibiotics (Cephalosporins or Quinolones) with the percentage of antibiotic items prescribed that are Cephalosporins or Quinolones at 11% compared to the national average of 5%. The practice had audited and implemented procedures to address prescribing of these drugs and as a result were able to show that prescribing had improved.

We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. The practice shared two recently completed full cycle clinical audits with us. One of these was a completed two cycle audit that demonstrated improvements to clinical records linked to General Medical Council criteria. The other demonstrated a decrease in antibiotic prescribing.

Are services effective?

(for example, treatment is effective)

The practice provided a range of additional services to improve outcomes for patients. These included a minor surgery clinic and an in house phlebotomy (taking blood for tests) service.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff.
- Staff told us they felt appropriately trained and experienced to meet the roles and responsibilities of their work. Staff had been provided with training in core topics including: safeguarding, fire procedures, basic life support and information governance awareness. Staff had also been provided with role-specific training. For example, staff who provided care and treatment to patients with long-term conditions had been provided with training in the relevant topics such as diabetes, podiatry and spirometry. Other role specific training included training in topics such as administering vaccinations and taking samples for the cervical screening programme. Staff had access to and made use of e-learning training modules and in-house training. There was a training plan in place to ensure staff kept up to date with their training needs.
- Clinical staff held lead roles in a range of areas including; diabetes, kidney disease, asthma, COPD, heart disease, the health care needs of patients with a learning disability and those with poor mental health, safeguarding and health and safety. Patients could be allocated clinicians based on their clinical presentation or known health conditions.
- Clinical staff were kept up to date with relevant training, accreditation and revalidation. There was a system in place for annual appraisal of staff. Appraisals provide staff with the opportunity to review/evaluate their performance and plan for their training and professional development.
- Staff attended a range of internal and external meetings. GP attended meetings with the CCG and one GP was the chair of a federation of practices. Practice nurses attended local practice nurse forums. The practice was closed for one half day per month to allow for 'protected learning time' which enabled staff to attend meetings

and undertake training and professional development opportunities. Practice meetings took place twice per month and a business planning meeting took place twice per year. GPs met on a weekly basis to discuss clinical matters including the care and treatment provided to patients with more complex needs. Nurse meetings had recently been introduced and were scheduled to take place on a regular basis.

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 intranet system. This included care plans, medical records, investigations 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.

GPs used national standards for the referral of patients with suspected cancers to be referred and seen within two weeks. Systems were in place to ensure referrals to secondary care and results were followed up and to ensure patients discharged from hospital received the care and treatment they required.

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.

The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care. Gold Standards Framework meetings took place on an eight weekly basis. However we found that these meetings were not being minuted. The provider agreed to address this.

The practice took part in an enhanced service to support patients to avoid an unplanned admission to hospital. This is aimed at reducing admissions to Accident and Emergency departments by treating patients within the community or at home. Care plans had been developed for patients at most risk of an unplanned admission. The practice monitored unplanned admissions and shared information as appropriate with the out of hours service and with secondary care services.

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 were aware of their responsibility to carry 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.
- Written consent was obtained and recorded for minor surgical procedures.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

The practice identified patients in need of extra support. These included patients in the last 12 months of their lives, patients with conditions such as heart failure, hypertension, epilepsy, depression, kidney disease and those at risk of developing a long-term condition. Patients with these conditions or at risk of developing them were referred to (or signposted to) services for lifestyle advice such as dietary advice or smoking cessation.

Information and advice was available about how patients could access a range of support groups and voluntary organisations.

The practice offered national screening programmes, vaccination programmes and long term condition reviews. The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action. QOF information for the period of April 2014 to March 2015 showed outcomes relating to health promotion and ill health prevention were comparable to other practices nationally. For example, the practice's uptake for the cervical screening programme was 81%, which was in line with the national average of 81%.

There was a policy to offer reminders for patients who did not attend for their cervical screening tests. There was a system in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged patients to attend national screening programmes for bowel and breast cancer. Bowel cancer screening rates were comparable to the national average.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 97% and five year olds from 91% to 100%.

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.

Health promotion information was available in the reception area and on the provider's website.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that members of staff were courteous and 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 and that conversations taking place in these rooms could not be overheard. The reception area was open to the main waiting area. Reception staff knew that they could offer patients a private area for discussions when patients wanted to discuss sensitive issues or if they appeared uncomfortable or distressed.

We made patient comment cards available at the practice prior to our inspection visit. The majority of the 27 comment cards we received were positive about the caring nature of the service provided by the practice. Overall, patients said they felt staff were helpful and treated them with dignity and respect. We did however receive a small number of comments that indicated that some patients felt staff could be abrupt. Staff had been provided with training in customer care since the national patient survey was carried out.

Results from the national GP patient survey showed patients felt they were treated with care and concern. The patient survey contained aggregated data collected between January to March 2015 and July to September 2015. Overall, the practice scored similar to average when compared to Clinical Commissioning Group (CCG) and national scores, for patients being given enough time, being treated with care and concern and having trust in clinical staff. For example:

- 91% of respondents said the last GP they saw gave them enough time compared to a CCG average of 89% and a national average 86%.
- 87% said that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (CCG average 87%, national average 85%).
- 87% said the last nurse they saw or spoke to was good at giving them enough time (CCG average of 94%, national average of 91%).

- 85% said that the last time they saw or spoke to nurse, they were good or very good at treating them with care and concern (CCG average 90%, national average 90%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 94% said they had confidence and trust in the last nurse they saw or spoke to (CCG average of 98%, national average 97%).

The practice scored comparable to but lower than local and national averages with regards to the helpfulness of reception staff and patients' overall experiences of the practice: For example:

- 77% of respondents said they found the receptionists at the practice helpful compared to a CCG average of 84% and a national average of 86%.
- 80% described their overall experience of the practice as 'fairly good' or 'very good' (CCG average 82%, national average 85%).

The practice had a 'Patient Participation Group' (PPG). We met with one member of the PPG. They told us they felt the practice listened to their views and suggestions and acted upon feedback from the PPG whenever possible. They also told us the PPG was consulted with about areas of development.

We also spoke with an additional nine patients who were attending the practice at the time of our inspection. They gave us highly positive feedback about the caring nature of the GPs, nurses and reception staff.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they felt listened to and involved in making decisions about the care and treatment they received. Patient feedback on the comment cards we received was also positive and aligned with these views. Results from the national GP patient survey showed the practice had scored comparably to local and national averages for patient satisfaction in these areas. For example:

- 91% of respondents said the last GP they saw was good at listening to them compared to a CCG average of 90% and a national average of 88%.

Are services caring?

- 87% said the last nurse they saw or spoke to was good at listening to them (CCG average of 92%, national average of 91%).
- 89% said the last GP they saw was good at explaining tests and treatments (CCG average of 86%, national average of 86%).
- 83% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average of 90%, national average of 89%).
- 84% said the last GP they saw was good or very good at involving them in decisions about their care (CCG average 82%, national average of 81%).
- 81% said the last nurse they saw or spoke to was good or very good at involving them in decisions about their care (CCG average 85%, national average of 85%).

Staff told us that translation services were available for patients who did not have English as their first language. The practice's website provided information about the services provided in a wide range of languages.

Patient and carer support to cope emotionally with care and treatment

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect. We found during discussions with staff that they clearly demonstrated a patient centred approach to their work.

Information about health conditions and support services was available at the practice and on the practice's website.

The practice maintained a register of carers and at the time of the inspection there were 80 carers on this. The practice's computer system alerted GPs if a patient was also a carer. Carers could be offered longer appointments if required. They were also offered flu immunisations and health checks. Written information was available to direct carers to the various avenues of support available to them.

Patients receiving end of life care were signposted to support services. The practice manager told us they were going to develop a protocol for contacting and supporting patients following a bereavement.

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, the practice worked to ensure unplanned admissions to hospital were prevented through identifying patients who were most at risk and developing care plans with them to prevent an unplanned admission.

The practice provided a flexible service to accommodate patients' needs. For example;

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Requests for home visits were reviewed by the duty doctor.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open from 8am to 8.15pm on Mondays and 8am to 6.30pm Tuesday to Friday. The practice also provided a branch surgery at Woolston Branch Surgery, Woolston Neighbourhood Hub Hall, Woolston, Warrington WA1 4PN. The branch surgery was open 8.30am-5pm on Mondays, 8.30am-5.30pm Wednesdays and Fridays and 8.30am-1pm on Tuesdays and Thursdays.

The practice had signed up to providing longer surgery hours as part of the Government agenda to encourage greater patient access to GP services. As a result patients could access a GP at a Health and Wellbeing Centre in the centre of Warrington from 6.30pm until 8pm Monday to Friday, 8am to 8pm Saturday and Sunday mornings. This was by pre-booked appointment.

The appointment system was well managed and sufficiently flexible to respond to peoples' needs. Patients could book appointments in person, via the telephone or

online. The practice provided telephone consultations, pre-bookable consultations, urgent consultations and home visits. The majority of patients we spoke with on the day told us that they were able to get appointments when they 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 but lower than local and national averages. For example:

- The percentage of respondents who gave a positive answer to 'Generally how easy is it to get through to someone at your GP surgery on the phone' was 66% compared to a CCG average of 60% and a national average of 73%.
- The percentage of patients who were 'very satisfied' or 'fairly satisfied' with their GP practice opening hours was 68% (CCG average 73%, national average of 78%).
- 65% said they were able to get an appointment the last time they wanted to see or speak with a GP or nurse (CCG average 70%, national average 76%).
- 61% of patients described their experience of making an appointment as good (CCG average 68%, national average 73%) and 20% described their experience of making an appointment as poor (CCG average 17%, national average 12%).

The provider was actively trying to improve patients' experiences of making an appointment. A recent review of staff capacity and demand had been carried out and the practice were awaiting the findings of this. The appointment system had undergone a number of changes to improve the system. For example they had recently increased the number of pre-bookable appointments available. Reception staff had also undergone training in customer care earlier this year.

The practice was located in a purpose built building. The premises were accessible and facilities for people who were physically disabled were provided. Reasonable adjustments were made and action taken to remove barriers when people found it hard to use or access services. For example, a hearing loop system was available to support people who had difficulty hearing and translation services were available.

Listening and learning from concerns and complaints.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had an effective system in place for handling complaints and concerns. A complaints policy and procedure was in place. Information was available to help patients understand the complaints procedure and how they could expect their complaint to be dealt with. However, this required review to ensure it provided accurate and up to date information to patients.

There were designated members of staff who handled complaints in the practice. We looked at complaints received in the last 12 months and found that these had been handled appropriately. Complaints had been logged, investigated and responded to in a timely manner and

patients had been provided with a thorough explanation and an apology when this was appropriate. Patients had been provided with contact details for referring complaints on to the Parliamentary and Health Services Ombudsman (PHSO) if they were not satisfied with the outcome of their complaint.

Complaints were discussed at regular clinical and practice meetings. We found that lessons had been learnt from concerns and complaints and action had been taken to improve the quality of care and patients' experience of the service.

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 which outlined its aims and objectives. These included; working in partnership with patients to provide holistic care, encouraging the prevention of ill health and promoting good health and wellbeing, acting as advocates to support and represent patient's best interests and ensuring they received the best and most appropriate health and or social care. The staff we spoke with knew and understood the aims, objectives and values of the practice and their responsibilities in relation to these and they demonstrated a patient centred approach to their work.

The GP partners had knowledge of and incorporated local and national objectives. One of the GP partners was the chair of a federation of practices looking to improve services to patients across their area.

Governance arrangements

The practice had effective arrangements in place to govern the service and ensure good outcomes were provided for patients.

- There were arrangements for identifying, recording and managing risks and for implementing actions to mitigate risks.
- The GPs used evidence based guidance in their clinical work with patients.
- The GPs had a clear understanding of the performance of the practice. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The QOF data showed that the practice achieved results that were generally comparable other practices locally and nationally for the indicators measured.
- The practice had completed clinical audits to evaluate the operation of the service and the care and treatment provided.
- The GPs had been supported to meet their professional development needs for revalidation (GPs are appraised annually and every five years they undergo a process

called revalidation whereby their licence to practice is renewed. This allows them to continue to practise and remain on the National Performers List held by NHS England).

- There were clear methods of communication across the staff team. Records showed that regular meetings were carried out as part of the quality improvement process to improve the service and patient care. These included GP clinical meetings and practice meetings.
- Practice specific policies and standard operating procedures were available to all staff. Staff we spoke with knew how to access these and any other information they required in their role.

Leadership and culture

On the day of the inspection the partners in the practice demonstrated that they 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 that they were approachable and took the time to listen them.

The partners encouraged a culture of openness and honesty. 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). The processes for reporting concerns were clear and staff told us they felt confident to raise any concerns without prejudice.

There was a clear leadership and staffing structure and staff were aware of their roles and responsibilities. Staff in all roles felt supported and appropriately trained and experienced to meet their responsibilities. Staff had been provided with a range of training linked to their roles and responsibilities.

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

The practice actively encouraged and valued feedback from patients. The practice had an established and engaged 'Patient Participation Group' (PPG). A member of the PPG told us they attended regular meetings with the practice and they gave us a number of examples of how the practice had acted upon feedback from the PPG.

Are services well-led?

Good 

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

The practice also sought patient feedback through patient surveys and 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. The practice also used information from complaints received to make improvements to the service.

Staff were involved in discussions about how to develop the service and were encouraged to provide feedback about the service through a system of regular staff meetings and appraisals.

Continuous improvement

There was a clear focus on continuous learning and improvement at all levels within the practice. This included the practice providing training for GPs and being involved in local and national enhanced services to improve outcomes for patients. The partners were aware of challenges to the service. They had a strategic approach and were clear about the medium and longer term goals of the service. They told us areas for development included; improving integrated working with the health and social care sector, the expansion of services and the longer term goal of obtaining new premises.