

Folly Lane Medical Centre

Quality Report

The Medical Centre
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Date of inspection visit: 17/08/2016

Date of publication: 21/11/2016

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 Folly Lane Medical Centre on 17 August 2016. Overall the practice is rated as good. Our key findings across all 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 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 very positive.
- Data showed that outcomes for patients at this practice were comparable 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 told us 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 continuity of care.
- Urgent appointments were available the same day and routine appointments could be booked in advance.
- 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.
- 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 are;

- Ensure patients are provided with accurate and sufficiently detailed information about how they can make a complaint and what action they can take if they are not satisfied with the outcome of a complaint.
- Ensure all required personnel documents are maintained on file for all members of staff

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.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded them from abuse.
- Staff had been trained in safeguarding and they were clearly 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 audits were carried out. An action plan was in place to address the need to make some changes to the minor ops room, as identified in the most recent infection control audit.
- Health and safety related checks had been carried out on the premises and 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. However, not all staff files included photographic identification as required.
- 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 comparable to those locally and nationally.

Summary of findings

- The practice worked in conjunction with other practices in the locality to improve outcomes for patients.
- 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 felt they had the training, skills, knowledge and experience to deliver effective care and treatment.
- A system of staff appraisal was in place and all staff had undergone an up to date appraisal of their work.

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. They gave us very positive feedback about the caring nature of staff.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Data from the national patient survey showed that patients rated the practice better than 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 and signpost them to support services.

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 systems 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 had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain required review to ensure patients were provided with accurate and up to date information about the different options for making a complaint and the second stage of complaints. 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 used feedback from staff and patients to make improvements. The practice had an established and engaged patient participation group (PPG) who were consulted with.
- 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.
- 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.
- 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.
- 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.
- A number of GPs held lead roles in elderly care including for those with dementia, and those with long term conditions.
- All patients over the age of 75 had a named GP.
- The practice was running a 'care co-ordination' pilot to ensure more vulnerable patients were assessed and reviewed on a regular basis.

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.
- Regular, structured health reviews were carried out for patients with long term conditions. GPs had lead roles in chronic diseases and practice nurses held dedicated lead roles for

Summary of findings

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.

- Patients with asthma or COPD had personalised care plans.
- Data from 2014 to 2015 showed that the practice was performing in comparison with or better than other practices nationally for the care and treatment of people with chronic health conditions such as diabetes.
- Home visits were available for patients with long term conditions when these were required.
- The practice held multi-disciplinary meetings to discuss patients with complex needs and patients receiving end of life care.
- Patients were provided with advice and guidance about prevention and management of their health and were signposted to support services.
- A designated member of staff was a 'public health champion' with an aim to improve screening rates across the patient population.

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.
- A regular meeting was held between the safeguarding lead and health visitors to share information and concerns for patients' welfare.
- Family planning and contraceptive services were provided and there was a designated GP lead for this.
- Child surveillance clinics were provided for 6-8 week olds.
- Immunisation rates were comparable to the national average for all standard childhood immunisations. The practice monitored non-attendance of babies and children at vaccination clinics and reported any concerns appropriately.

Good



Summary of findings

- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 82% which was comparable to the national average of 81%.
- Babies and young children were offered an appointment as priority and appointments were available outside of school hours.
- The premises were suitable for children and babies and baby changing facilities were available.

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.
- Early morning appointments were available two mornings per week.
- Saturday and early morning flu vaccination clinics were provided.
- Telephone consultations were provided and patients therefore did not always have to attend the practice in person
- 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, 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.
- 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 had a designated lead for patients with a learning disability.
- Multi-disciplinary meetings were held to review the care and treatment provided to vulnerable patients.
- 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.
- 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 on a weekly basis.

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 held a register of patients experiencing poor mental health and these patients were offered a two stage annual review of their physical and mental health.
- Data about how people with mental health needs were supported showed that outcomes for patients using this practice were similar to outcomes for people locally and nationally.
- The practice had a designated lead for mental health.
- The practice referred patients to services such as psychiatry and counselling services and patients were also informed about how to access support from other services.
- 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.
- The practice was proactive in supporting patients residing in two local mental health services, one of which was a psychiatric hospital. The support involved regular visits and included reactive acute care and proactive care planning. Patients at

Good



Summary of findings

these services had a named GP. The practice reported that they knew these patients well and that this provided good continuity of care particularly for patients experiencing an acute mental health crisis.

Summary of findings

What people who use the service say

The results of the national GP patient survey published July 2016 showed the practice received consistently higher than local and national average satisfaction scores. There were 299 survey forms distributed and 131 were returned which equates to a 43% response rate. The response represents approximately 1% of the practice population.

The practice received scores that were higher than 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 GPs.

For example:

- 92% 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%.
- 94% said the last nurse they spoke to was good at listening to them (CCG average 93% national average 91%).
- 94% said the last GP they saw gave them enough time (CCG average 88%, national average 86%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 100% said they had confidence and trust in the last nurse they saw (CCG average 98%, national average 97%).

The practice generally scored similar but lower than CCG and national averages for questions about access such as getting through to the practice by phone and patients' experiences of making an appointment. For example:

- 56% 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 national average of 72%.
- 65% described their experience of making an appointment as good (CCG average 68%, national average 73%).
- 75% were fairly or very satisfied with the surgery's opening hours (national average 79%).

A lower than average percent of respondents, 19% said they always or almost always got to see or speak to their preferred GP. The national average was 35%.

The practice had made changes to the appointments system in response to patient feedback. On the day of the inspection the majority of feedback from patients with regards to access to the practice and the appointments system was positive.

A higher than average percentage of patients, 90%, described their overall experience of the surgery as good or fairly good. This compared to a national average of 85%. A higher than average number of patients, 91% found the receptionists at the surgery helpful (CCG average 84%, national average 86%).

We spoke with nine patients during the course of the inspection visit and overall they told us the care and treatment they received was very good. 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. All of these were positive about the standard of care and treatment patients received. Staff in all roles received praise for their professional care. Staff were described as; 'helpful', 'courteous', excellent', 'supportive', 'friendly', 'efficient', 'understanding', 'caring' and 'approachable'.

Areas for improvement

Summary of findings

Action the service **SHOULD** take to improve

- Ensure patients are provided with accurate and sufficiently detailed information about how they can make a complaint and what action they can take if they are not satisfied with the outcome of a complaint.
- Ensure all required personnel documents are maintained on file for all members of staff.

Folly Lane 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, a practice manager specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Background to Folly Lane Medical Centre

Folly Lane Medical Centre is located in Warrington, Cheshire. The practice was providing a service to approximately 10,300 patients at the time of our inspection.

The practice is part of Warrington Commissioning Group (CCG). The practice is situated in an area with high levels of deprivation when compared to other practices nationally. The percent of patients with a long standing health condition is 68% which is higher than the national average of 54%.

The practice is run by six GP partners. There are an additional two salaried GPs. (Three male and five female). There are four practice nurses, one health care assistant, a practice manager and a team of reception/administration staff. The practice is open from 8am to 6.30pm Monday to Wednesday and 7am to 6.30 Thursdays and Fridays. 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 and between 8am to 8pm Saturdays. This was by pre-booked appointment.

Outside of practice hours patients can access the Bridgewater Trust for primary medical services.

The practice is a training practice for foundation year 2 (F2) doctors completing a primary care placement and for GP specialist trainees. They also host medical students.

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

The practice 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 checks for patients who have a learning disability.

Why we carried out this inspection

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

Detailed findings

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 17 August 2016. During our visit we:

- Spoke with a range of staff including GPs, the clinical lead, practice nurses, a health care assistant, the practice manager, members of the practice management team, and reception and administrative staff.
- Spoke with patients who used the service and met with two members 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 other matters about patient safety were discussed at regular practice meetings and we were assured that learning from significant events had been shared and changes to practice had been implemented.

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 practise.

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. The system had an alert for clinicians to select who a child had been accompanied by to ensure that the information was coded. They told us this had been the subject of an audit, with an initial data collection having been completed and a second one planned for January 2017. One of the GPs was the safeguarding lead for children and adults. Alongside level 3 and level 6 safeguarding training they had also attended training in; sudden infant death, sexual violence and domestic violence and completed on line training in child sexual exploitation and female genital mutilation. All staff had received safeguarding training relevant to their role. Regular meetings were held with health visitors to share information and concerns about patients. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities to report safeguarding and some staff provided clear examples of when they had raised safeguarding 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 lead and they liaised with the local infection prevention team to keep up to date with best practice. There were infection control protocols in place and staff had received up to date training. Annual infection control audits were undertaken, the practice had achieved a score of 94% at the last audit in July 2015 and an action plan was in place to address any improvements required as a result of the audit. This included plans to refurbish the minor operations and treatment room.
- 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. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. 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

Are services safe?

team to improve prescribing efficiency. The provider was aware of their medicines prescribing data and took action to improve this when required and medicines prescribing data for the practice was comparable to national 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 DBS. We noted that photographic identification was not maintained in the personnel records for a number of long term staff. A system was in place to carry out checks of the Performers List, General Medical Council (GMC) and Nursing and Midwifery Council (NMC) to ensure the continued suitability of staff.

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.
- An assessment of the risk of Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) had been undertaken. A Legionella risk assessment is a report by a competent person giving details as to the risk of Legionella and how to prevent it from spreading through water and other systems in the work place. The report was not available for us to view at the time of the inspection but the provider has since shared this with us.
- The practice had an up to date fire risk assessment. This should be reviewed to provide more detailed information on the control of risk of fire.

- The practice had a variety of other risk assessments in place to ensure the safety of the premises such as infection control and control of substances hazardous to health.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- 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

Arrangements were 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.
- 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.
- 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 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 ready 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 a range of regular clinical meetings. The practice also held a 'Journal club' meeting on a quarterly basis as an opportunity to share and discuss guidance and for staff to share the learning from any training they had attended.

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. Clinicians used bespoke templates created in line with NICE guidance when assessing patients and referring them on.

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 99% of the total number of points available with 14% exception reporting. The practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2014 to March 2015 showed;

- Performance for diabetes related indicators were comparable to or in some cases higher than the Clinical Commissioning Group (CCG) and national average. For

example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2014 to 31/03/2015) was 88% compared to a CCG average of 81% and a national average of 80%.

- 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 92% 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 with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 94% (CCG average 92%, national average 88%).

A range of clinical meetings were programmed throughout the year. These meetings provided an opportunity for peer oversight and discussion on clinical decisions. Regular agenda items on clinical meetings included NICE guidance, new cancer diagnosis, a review of deaths, clinical audits, review of significant events and complaints.

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. We found the practice had a programme of clinical audits that had been planned strategically based on NICE guidance and on clinical matters of particular interest to the practice. Examples of recent audits included: A two cycle audit on the clinical assessment of children under five years of age presenting with feverish illness, medicines prescribing for anti-biotic treatment of tonsillitis and prescribing of mirabegron (used to treat an over active bladder). A first cycle audit concerned the prescribing of disease modifying antirheumatic drugs (DMARDs). The full cycle completed audits we viewed showed that improvements had been made to the assessment of patients and treatment provided.

The practice provided a range of additional services including; a wound dressing service, phlebotomy (taking

Are services effective?

(for example, treatment is effective)

blood), emergency Electrocardiogram (ECG), ear irrigation and an acupuncture service. The practice told us that there had been 157 patient contacts with the acupuncture service in the past 12 months and that this had reduced prescribing of analgesics and preventative medicines.

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.
- Clinical staff held lead roles in a range of areas including; diabetes, mental health, safeguarding, child health surveillance, family planning, minor surgery and clinical governance. Staff knew who the clinical leads were and 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, revalidation and appraisal. Appraisals provided 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. 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.

- The practice was a training practice with a clear emphasis on learning and development and meetings best practice guidance. We viewed feedback about the quality of the training and support provided by the GPs and this was positive.

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.

The practice reviewed hospital admissions data on a regular basis. 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.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

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. Multi-disciplinary meetings took place on an eight weekly basis to review the needs of patients receiving end of life care as part of 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.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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 GPs assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- Regular contact was made to nursing homes to ensure the practice was aware of patients for whom a Deprivation of Liberty Safeguard (DoLS) had been made.
- Written consent was obtained and recorded for minor surgical procedures such as removal of skin lesions.
- 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 provided advice, care and treatment to promote good health and prevent illness. For example:

- 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 and kidney disease. 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
- 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

initiatives for the practice were comparable to other practices nationally. For example, the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 82% (national average of 81%).

- There was a policy to offer reminders for patients who did not attend for their cervical screening tests. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice encouraged patients to attend national screening programmes for bowel and breast cancer. A member of staff had been designated as a public health champion with an aim to increase patient uptake of screening programmes.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 99% and five year olds from 91% to 97%.
- 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.
- Regular dietician and smoking cessation sessions were hosted at the practice. The practice also hosted the Citizens Advice Bureau.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.
- Health promotion information was available in the reception area and on the website. The practice had links with health promotion services and recommended these to patients, for example, smoking cessation, alcohol services, weight loss programmes and exercise services.

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 and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew 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. All of the 27 comment cards we received were positive and complimentary about the caring nature of the service provided by the practice. Patients told us the practice offered a 'good and an 'excellent' service. They told us staff were helpful and treated them with dignity and respect. Patients' feedback described staff as; 'helpful', 'courteous', 'excellent', 'supportive', 'friendly', 'efficient', 'understanding', 'caring' and 'approachable'. We found during discussions with staff that they demonstrated a patient centred approach to their work and staff cited examples of how they had advocated for patients to ensure they had a good outcome or to improve practises locally.

Results from the national GP patient survey showed patients felt they were treated with care and concern. The patient survey contained aggregated data collected from July to September 2015 and January to March 2016. The practice scored higher than 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:

- 94% of respondents said the last GP they saw gave them enough time compared to a CCG average of 88% and a national average 86%.
- 95% 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 (national average 85%).

- 94% said the last nurse they saw or spoke to was good at giving them enough time (CCG average of 94%, national average of 91%).
- 97% said that the last time they saw or spoke to a nurse, they were good or very good at treating them with care and concern (national average 90%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 100% 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 higher than local and national averages with regards to the helpfulness of reception staff and patients' overall experiences of the practice: For example:

- 91% of respondents said they found the receptionists at the practice helpful compared to a CCG average of 84% and a national average of 86%.
- 90% described their overall experience of the practice as 'fairly good' or 'very good' (national average 85%).

We met with two members of the patient participation group (PPG). The PPG was well engaged and actively involved in areas of development. They provided us with examples of the how their feedback had resulted in changes at the practice. For example the practice had improved access and seating for disabled patients following feedback from the PPG.

We also spoke with an additional eight patients who were attending the practice at the time of our inspection. All patients we spoke with gave us very positive feedback about the caring nature of staff in all roles.

The practice told us they used video recording to review the quality of the consultation skills of clinical 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 very positive. Results from the national

Are services caring?

GP patient survey were aligned with this and showed the practice had scored higher than local and national averages for patient satisfaction in these areas. For example:

- 92% 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%.
- 94% said the last nurse they saw or spoke to was good at listening to them (CCG average of 93%, national average of 91%).
- 93% said the last GP they saw was good at explaining tests and treatments (CCG average of 87%, national average of 86%).
- 96% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average of 91%, national average of 89%).
- 91% said the last GP they saw was good or very good at involving them in decisions about their care (national average of 81%).
- 95% said the last nurse they saw or spoke to was good or very good at involving them in decisions about their care (national average of 85%).

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

Information about how patients could access a number of support groups and organisations was available at the practice. Information about health conditions and support was also 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 137 carers on the register. 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 reviews. 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. Staff contacted bereaved family members and they signposted them to bereavement support services.

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 who assessed whether a home visit was clinically necessary; and the urgency of the need for medical attention.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice offered extended opening hours on a Thursday and Friday from 7am for working patients who found it difficult to attend during normal opening hours.

Access to the service

The practice was open from 8am to 6.30pm Monday to Wednesday and 7am to 6.30pm Thursdays and Fridays. Patients could also access a GP at a Health and Wellbeing Centre in the centre of Warrington from 6.30pm until 8pm Monday to Friday and between 8am to 8pm on Saturdays by pre-booked appointment.

Results from the national GP patient survey collected from July to September 2015 and January to March 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to but lower than 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 56% compared to a national average of 72%.
- The percentage of patients who were 'very satisfied' or 'fairly satisfied' with their GP practice opening hours was 75% (national average of 79%).
- 66% said they were able to get an appointment the last time they wanted to see or speak with a GP or nurse (national average 75%).
- 65% of patients described their experience of making an appointment as good (national average 73%).

The practice had made changes to the appointments system in response to patient feedback. At the time of the inspection we found that the appointment system was sufficiently flexible to respond to peoples' needs. People told us on the day that they were able to get an appointment when they needed one and the vast majority of feedback in comment cards supported this.

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.

The practice had a system for handling complaints and concerns. A complaints policy and procedure was in place and there was a designated member of staff who handled complaints. We found that information was not readily available to help patients understand the complaints procedure. A new patient information poster was forwarded to us following the inspection. The system for handling complaints required review to ensure patients are provided with information about their right to raise a complaint to NHS England if they do not want to complain to the practice and to ensure people are provided with information about the role of the Parliamentary and Health Services Ombudsman (PHSO).

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

We looked at complaints received in the last 12 months. 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.

Complaints were discussed at practice meetings and additional meetings were held annually to review complaints and identify trends. 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 the provision of high quality medical and anticipatory care to patients whilst improving the health of the local community and making maximum use of available resources. Staff we spoke with knew and understood the aims, objectives and values of the practice and their responsibilities in relation to these. We heard some good examples of how staff had advocated on behalf of patients to improve service provision locally.

The GP partners had knowledge of and incorporated local and national objectives. One of the GP partners was a lead with the Clinical Commissioning Group. The practice had been recognised in the Clinical Commissioning Group 'Primary Care Awards' for innovation in practice for developing a robust recall system and for outstanding utilisation of the clinical system.

The practice identified strategic aims and how they intended to achieve these through an annual strategy day involving the staff team. They had also participated in a review of capacity, demand and productivity and had made improvements to the efficiency of the service as a result of this.

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 comparable to or higher than other practices locally and nationally for the indicators measured.
- Clinical audits had been carried out to evaluate the operation of the service and the care and treatment given.

- 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).
- Clinical staff were well supported to ensure they worked within best practice guidance. Clinical benchmarking for referrals and prescribing, peer review, training and good systems for information sharing supported this.
- There were clear methods of communication across the staff team. Records showed that a range of regular meetings were carried out as part of the quality improvement process to improve the service and patient care.
- 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. When there were unexpected or unintended safety incidents the practice gave affected people reasonable support and an explanation.

There was a clear leadership and staffing structure and staff were aware of their roles and responsibilities and the

Are services well-led?

Good 

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

limitations of these. 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 a well-established and engaged patient participation group (PPG). A member of the PPG told us they attended regular meetings with practice and they gave us a number of examples of how the practice had made improvements to the service in response to their feedback. These included improvements to access and seating for disabled patients and the use of a notice board with staff pictures and their role. Members of the PPG were involved in drafting and implementing patient surveys. The PPG was well advertised and met as part of a cluster of PPGs.

The practice also 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 2014. Results for 2016 showed that patients were extremely likely to recommend the practice to family and friends.

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 encouraged to provide feedback about the service through a system of regular staff meetings, appraisals and an annual away day.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. This included the practice providing training for GPs, being involved in local schemes to improve outcomes for patients and having representation on the CCG. The GPs and management team were aware of challenges to the service. These included: increasing workloads, work force pressures and building maintenance. They told us areas for development included; refurbishment of a treatment room and communicating with large groups of patients such as non-frequent attenders via e mail and newsletters.