Fountains Medical Practice

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Fountains Medical Practice on 19th January 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 safety incidents. Staff spoken with were aware of procedures for safeguarding patients from the risk of abuse.
- There were systems in place to reduce risks to patient safety, for example, infection control procedures, management of medicines and the management of staffing levels.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Patients were very positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful.
- Services were planned and delivered to take into account the needs of different patient groups.
  - Access to the service was monitored to ensure it met the needs of patients. Patients reported satisfaction with opening hours and said they were able to get an appointment when one was needed.
- Information about how to complain was available. There was a system in place to manage complaints.
- There were systems in place to monitor and improve quality and identify risk.

We saw an area of outstanding practice:

- The lead GP for the practice had developed a number of protocols to enhance patient care. They had developed a formula for prescribing antiviral

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and antibiotic medication in an influenza epidemic. This approach had been adopted by Primary Care Cheshire for use by all services within the Chester and Cheshire West area.

However there were areas of practice where the provider needs to make improvements:

- The provider must ensure that there is a record of the required recruitment information to confirm the suitability of staff employed.

The areas where the provider should make improvements are:

- Document reviews of significant events to demonstrate that actions identified have been implemented.
- Ensure nurses and the health care assistant have undertaken safeguarding children training at Level 2 which is recommended by the Royal College of Nursing.
- Review the system of identifying staff training needed and undertaken to assist in monitoring and planning for the training needs of staff.
- Establish a system for regular, formal appraisal of staff.
- Retain all certificates of staff training to demonstrate the training staff have received.
- Establish a system for regular staff meetings and document these to demonstrate the issues discussed, for example, significant events.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services. Staff were aware of procedures for safeguarding patients from risk of abuse. There were appropriate systems in place to protect patients from the risks associated with staffing levels and staff skill mix and infection control. Safety events were reported, investigated and action taken to reduce a re-occurrence. We found that the recruitment practices did not demonstrate that appropriate information was available to show the suitability of staff for employment. Improvements were needed to the systems in place to review actions taken following a safety event and the nurses and the health care assistant needed to undertake safeguarding children training at Level 2 which is recommended by the Royal College of Nursing.

Are services effective?

Good

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff told us they had received training appropriate to their roles. The records of all staff training needed to be improved to assist in monitoring and planning for the training needs of staff. A system for ensuring the regular appraisal of staff was not in place.

Are services caring?

Good

The practice is rated as good for caring. Patients were positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Patients felt involved in planning and making decisions about their care and treatment. Staff we spoke with were aware of the importance of providing patients with privacy.

Are services responsive to people's needs?

Good

The practice is rated good for providing responsive services. Services were planned and delivered to take into account the needs of different patient groups. Patients reported good access to the service and a range of appointments were offered to meet the needs of patients. The practice had a complaints policy which provided staff with clear guidance about how to manage a complaint.

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Are services well-led?

Good

The practice is rated good for being well-led. It had a clear vision and strategy. There were systems in place to monitor and improve quality and identify risk. The practice sought feedback from staff and patients and had plans in place to further improve this. The practice was innovative in the services it had implemented and was planning to implement to improve patient care.

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

Good

The practice is rated as good for the care of older people. The practice was knowledgeable about the number and health needs of older patients using the service. They kept up to date registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice worked with the Clinical Commissioning Group (CCG) and local practices to enhance patient care. For example, the local practices had developed a role for and employed a nurse practitioner to work with elderly patients. The aim of this role being to take practice nursing services, such as chronic disease management out to housebound patients and to prevent hospital admissions where possible. The practice provided care for four nursing homes in the area with the nurse clinician visiting these services twice a week and the same GP once a week. The staff involved in this service told us that there was a lower prevalence of acute admissions to hospital for patients in these homes when compared to other practices within the CCG. The practice had a medicines manager who worked specifically with medication for the nursing homes to ensure safe prescribing and timely medication reviews. Care plans were being developed for older people with the aim of ensuring all necessary support was provided and reducing hospital admissions. The reception staff played an active role in identifying the changing needs of the older patient population. They attended training events with clinicians to assist in this and were involved in discussions as to how the services for this group of patients could be improved. We were given examples of how this policy had led to benefits for older patients.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. The practice had a system in place to make sure no patient missed their regular reviews for long term conditions. GPs and nurses were responsible for different long term conditions and kept up to date in their specialist areas. Clinical staff told us that clear

self-management plans were developed for patients with long term conditions that reflected their views and therefore made them sustainable. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs. The practice worked with other agencies and health providers to provide support and access specialist help when needed.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. The staff were responsive to parents' concerns about their child's health and prioritised appointments for children presenting with an acute illness. Child health surveillance and immunisation clinics were provided. The staff we spoke with had appropriate knowledge about child protection and they had access to policies and procedures for safeguarding children. The safeguarding lead GP liaised with the health visiting service to discuss any concerns about children and their families and how they could be best supported. Family planning and sexual health services were provided.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice offered pre-bookable appointments, book on the day appointments and telephone consultations. Patients could book appointments on-line or via the telephone and repeat prescriptions could be ordered on-line which provided flexibility to working patients and those in full time education. The practice was open from 08:00 to 18:30 Monday to Friday. allowing early morning and late evening appointments to be offered to this group of patients. An extended hour's service for routine appointments was commissioned by West Cheshire CCG. The practice had a rising number of patients who were students. They were working collaboratively with a neighbouring practice to develop services that met the unique needs of these patients. The practice website contained information specifically for students about registering with the practice, prescriptions and physical and emotional health issues.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate services. The needs of carers were discussed and appropriate interventions and referrals suggested to them to keep them safe and promote their health. Where a patient was known to

Summary of findings

have little social contact and support a referral to the Wellbeing Coordinator and social worker attached to the practice was made. Patients' electronic records contained alerts for staff regarding patients requiring additional assistance. For example, if a patient had a learning disability to enable appropriate support to be provided. There was a recall system to ensure patients with a learning disability received an annual health check. Staff we spoke with had appropriate knowledge about safeguarding vulnerable adults and they had access to the practice's policy and procedures.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients receiving support with their mental health and had identified that there was a high number of patients with dementia compared to local and national averages. The staff were responsive to patients presenting with mental health issues causing them distress and prioritised their appointments. Patients experiencing poor mental health were offered an annual review. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice carried out assessments of patients at risk of dementia to encourage early diagnosis and access to support. Staff had recently attended training in dementia to highlight the issues patients living with dementia may face. Patients were referred to services to support them with their mental health such as counselling and psychiatry services.

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What people who use the service say

Data from the National GP Patient Survey July 2015 (data collected from January-March 2015 and July-September 2014) showed that patients' responses about whether they were treated with respect, compassion and involved in decisions about their care were about or above average when compared to local and national averages. The practice distributed 299 survey forms, 101 were returned which represents 4.9% of the practice population. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 94% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 95% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 92% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.
- 89% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 83% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

The National GP Patient Survey results showed that patient's satisfaction with access to care and treatment was above local and national averages. For example:

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 85% of patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 90% of patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.

However, in relation to seeing a GP of the patient's choice the results were lower than local and national averages:-

- 38% of patients said they usually got to see or speak to their preferred GP phone compared to the CCG average of 59% and national average of 59%.

We received 45 comment cards and spoke to three patients. Patients said that they were able to get an appointment when one was needed and that they were happy with the opening hours. Three responses indicated that waiting time was longer to see a GP of their choice. Four comments indicated that disability access and access with a pram to the practice was made difficult by the location of parking spaces, heavy internal doors and small size of the lift. These comments were brought to the attention of the practice manager.

Summary of findings

Areas for improvement

Action the service MUST take to improve

- The provider must ensure that there is a record of the required recruitment information to confirm the suitability of staff employed.

Action the service SHOULD take to improve

- Document reviews of significant events to demonstrate that actions identified have been implemented.
- Ensure nurses and the health care assistant have undertaken safeguarding children training at Level 2 which is recommended by the Royal College of Nursing.
- Review the system of identifying staff training needed and undertaken to assist in monitoring and planning for the training needs of staff.
- Establish a system for regular, formal appraisal of staff.
- Retain all certificates of staff training to demonstrate the training staff have received.
- Establish a system for regular staff meetings and document these to demonstrate the issues discussed, for example, significant events.

Outstanding practice

- The lead GP for the practice had developed a number of protocols to enhance patient care. They had developed a formula for prescribing antiviral and antibiotic medication in an influenza epidemic. This approach had been adopted by Primary Care Cheshire for use by all services within the Chester and Cheshire West area.

Fountains Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Fountains Medical Practice

Fountains Medical Practice is responsible for providing primary care services to approximately 2073 patients. The practice is a long established GP practice which has recently moved to a new purpose built building 'Fountains Health' in May 2015. The practice is based in an area with average levels of economic deprivation when compared to other practices nationally. The number of patients with a long standing health condition and number with caring responsibilities are about average when compared to other practices nationally. The practice had a higher than average proportion of patients over the age of 75.

The practice has one GP provider and two salaried GPs, a nurse clinician, a practice nurse, a health care assistant, practice manager, assistant practice manager, medicines manager and administration and reception staff.

The practice is open 08:00 to 18.30 Monday to Friday. An extended hour's service for routine appointments and an out of hour's service are commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust. The practice shares a building with three other GP practices and all practices share the management of the premises and work together as a cluster at times to provide primary care services to their shared patient population. A number of community services are also based in the building such as community nursing, podiatry and sexual health services.

The practice has a Personal Medical Services (PMS) contract. The practice offers a range of enhanced services including minor surgery, flu and shingles vaccinations, learning disability health checks and dementia assessments.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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

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

Detailed findings

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

• 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)

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We carried out an announced inspection on 19th January 2016. We reviewed all areas of the practice including the administrative areas. We sought views from patients face-to-face and reviewed CQC comment cards completed by patients. We spoke to clinical and non-clinical staff. We observed how staff handled patient information and spoke to patients. We explored how the GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting, recording and investigating significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via computer. The practice carried out an analysis of significant events and this also formed part of the GPs' individual revalidation process. The staff we spoke with told us how they would recognise and report a significant event and how learning from significant events and action to be taken was communicated to them via email or informal meetings. We looked at a sample of significant events and found that action had been taken to improve safety in the practice where necessary. A review of significant events was not being documented to demonstrate that actions identified had been implemented.

Overview of safety systems and processes

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and procedures were accessible to all staff. The procedures clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The practice had systems in place to monitor and respond to requests for attendance/reports at safeguarding meetings. Staff demonstrated they understood their responsibilities relating to safeguarding adults and children. GPs and reception/ administrative staff had received safeguarding children training relevant to their role. The nurses and health care assistant had not undertaken safeguarding training at Level 2 which is recommended by the Royal College of Nursing. Following our visit we were informed that a plan would be put in place to address this. Any concerns about the welfare of younger children were discussed with the health visiting service for the area. We were informed that all staff had received safeguarding adults training however, the training records did not reflect this. Alerts were placed on patient records to identify if there were any safety concerns. Training had been arranged for staff about supporting patients at risk of domestic violence.
- A notice was displayed in the waiting room and in treatment rooms, advising patients that a chaperone was available if required. Clinical staff acted as chaperones. Non-clinical staff had received this training but we were informed they did not act as chaperones unless they had a Disclosure and Barring Service (DBS) check (t. Staff who acted as chaperones had received a Disclosure and Barring Service check (DBS) apart from one clinical staff member.
- Appropriate standards of cleanliness and hygiene were followed. For example, cleaning schedules were in place, there was access to protective clothing and equipment and there was a system for the safe disposal of waste. There was an infection control protocol and staff had received training. There was a lead for infection control who liaised with the local infection prevention team to keep up to date with best practice. An audit had been carried out by the local Infection Prevention and Control Team in August 2015. This identified that good standards were being maintained and made some observations for improvements. An action plan identified how these improvements were to be made.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescriptions were securely stored and managed. Vaccines were securely stored, were in date and we saw the fridges were checked daily to ensure the temperature was within the required range for the safe storage of vaccines. We identified one medication stored in a fridge that was out of date. The date was imprinted on the container and difficult to read. This was removed immediately and how to make the expiration date easier to read was discussed.
- We looked at the recruitment procedure which indicated the checks to be undertaken to ensure staff were suitable for their role. We looked at the recruitment records for four members of staff. Although a number of pre-employment checks had been carried out, the records did not consistently demonstrate that all relevant checks had been undertaken prior to employment. There were no references for two GPs who had been employed within the last three years and no

evidence that the Performers List had been checked prior to the employment of one GP. A system for reviewing General Medical Council (GMC) and Performers List registration on a regular basis was not in place. We saw that up to date checks had been carried out of the nurses registration with the Nursing and Midwifery Council. Evidence that a GP and nurse had received a DBS check was not available at the time of our visit. We were informed that both were employed by another service who had retained the checks requested by the practice.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The building in which the practice was based had a facilities manager who was responsible for building safety. We looked at a sample of the records maintained to demonstrate the safety of the building such as fire safety and legionella checks. Records showed that all clinical equipment was checked to ensure it was working properly. An up to date check of the electrical equipment had not been carried out. Following our visit the practice manager told us this would be carried out within the next two weeks. We noted that a risk assessment of the premises occupied by the practice had not been recorded.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff had received basic life support training, however records showed that some staff were due for refresher training. The practice informed us that all staff were due to complete basic life support training on 28th April 2016 and in the interim all staff would undertake on-line refresher training within 2 weeks.

The practice had a defibrillator and oxygen available on the premises which were checked to ensure they were safe for use. There were emergency medicines available which were all in date, regularly checked and held securely.

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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the 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. Patients who had long term conditions were continuously followed up throughout the year to ensure they attended health reviews. Current results were 99.3% of the total number of points available with 10.2% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF clinical targets. Data from 2014-2015 showed that outcomes were comparable to or above other practices nationally:

- Performance for diabetes assessment and care was similar to or higher than the national average. For example blood pressure readings for patients with diabetes was 90% compared to the national average of 78%. The percentage of patients on the diabetes register, with a record of a foot examination within the preceding 12 months was 96% compared to the national average of 88%. The percentage of patients with diabetes, on the register, who have had influenza immunisation was 97% compared to the national average of 94%.
- Performance for mental health assessment and care was similar to or slightly above national averages. Results for face to face reviews in the preceding 12 months of dementia patients was slightly lower than the national average (78% compared to the national average of 84%).
- Performance for cervical screening of eligible women (aged 25-64) in the preceding five years was similar to the national average.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 94% compared to the national average of 90%.
- The percentage of patients with hypertension in whom the last blood pressure

  reading measured in the preceding 12 months was 150/90mmHg or less was 90% compared to the national average of 84%.

The lead GP reviewed the performance of the practice and alongside colleagues identified measures to improve performance where shortfalls were identified.

We saw that audits of clinical practice were undertaken. Examples of audits included an audit of patients taking medication for gout. This indicated that although the practice identified and prescribed appropriate medication for the condition, monitoring of the effects of this medication were not consistently undertaken. A follow up audit showed there had been an increase in the number of patients receiving a blood test following an alteration to the dosage of their medication. However the benefits of the alteration in the medication were not consistently seen. The audit concluded that there may be a number of reasons for this and made suggestions for future actions. The GPs told us that they shared the outcome of audits with other GPs at the practice to contribute to continuous learning and improvement of patient outcomes.

The GPs and nurses had key roles in monitoring and improving outcomes for patients. These roles included the management of long term conditions, palliative care, cancer, dementia, and safeguarding. The clinical staff we spoke with told us they kept their training up to date in their specialist areas. This meant that they were able to focus on specific conditions and provide patients with regular support based on up to date information.

Staff worked with other health and social care services to meet patients' needs. For example, the practice had multi-disciplinary and palliative care meetings to discuss

Good

Are services effective?

(for example, treatment is effective)

the needs of patients. Clinical staff spoken with told us that frequent liaison occurred outside these meetings with health and social care professionals in accordance with the needs of patients.

One of the GPs also had a role at a local hospital which meant they had formed close links with physicians and surgeons which was beneficial for their continuing learning and development, when expediting patient referrals and following up investigations. As a result of their dual role the GP was able to accompany an anxious patient to a hospital appointment which was instrumental in their attending and attend a hospital multi-disciplinary meeting to discuss the care of a patient.

Effective staffing

Staff told us that they had the skills, knowledge and experience to deliver effective care and treatment. Improvements were needed to the records of staff training and the systems for ensuring regular staff appraisals. Evidence reviewed showed that:

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- One nurse and the health care assistant had not received an appraisal in the last 12 months. An appraisal system had not been put in place for the administrative staff and we were told that training and learning needs were identified though informal discussion, informal meetings and at the monthly half day closure of the practice. Staff told us they felt well supported and had access to appropriate training to meet their learning needs and to cover the scope of their work. Following our visit we were informed that appraisals had been planned for all staff over the next 2 months. We were told that GPs had appraisals, mentoring and facilitation and support for their revalidation.
- The training records were incomplete and did not reflect all the training staff told us they had undertaken. Records showed that staff completedsafeguarding and basic life support however the records did not show that all staff had completed infection control, fire safety, health and safety and information governance. Role specific training was provided to clinical and non-clinical staff dependent on their roles. Clinical staff told us they had received training to update their skills but this was not consistently reflected in the training records. Current training certificates were not available for all training undertaken.

Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services.

Consent to care and treatment

We spoke with clinical staff about patients' consent to care and treatment and found this was sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to medical records.

Supporting patients to live healthier lives

The practice offered national screening programmes, vaccination programmes, children's immunisations and long term condition reviews. 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. New patients registering with the practice completed a health questionnaire and were offered a health assessment with the nurse or health care assistant. A GP or nurse appointment was provided to new patients with complex health needs, those taking multiple medications or with long term conditions.

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

Good

Are services effective?

(for example, treatment is effective)

health promotion and ill health prevention initiatives for the practice were comparable to other practices nationally.

Childhood immunisation rates for vaccinations given for the period of April 2014 to March 2015 were generally comparable to the CCG averages (where this comparative data was available).

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained 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.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them.

We received 45 comment cards and spoke to three patients. Patients indicated that their privacy and dignity were promoted and they were treated with care and compassion. A number of comments made showed that patients felt a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns.

The practice wrote letters supporting patients who needed help in areas of their lives such as housing and counselling. We reviewed a sample of anonymised letters written and found them to be very detailed indicating a personal knowledge of the patients and their circumstances. We were also given other examples of the caring nature of the staff. For example, they had provided telephone use for a patient with no financial means to make a telephone call to arrange important hospital appointments.

Data from the National GP Patient Survey July 2015 (data collected from January-March 2015 and July-September 2014) showed that patients responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were about or above average when compared to local and national averages for example:

- 96% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 94% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 94% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 95% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 97% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 92% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

The practice manager and GP provider told us they reviewed the outcome of any surveys undertaken to ensure that standards were being maintained and action could be taken to address any shortfalls.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that they felt health issues were discussed with them, they felt listened to and involved in decision making about the care and treatment they received.

Data from the National GP Patient Survey July 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were generally in line with or above local and national averages. For example:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.

Good

Are services caring?

- 89% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 88% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 83% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example**,** the practice offered a range of enhanced services such as minor surgery, flu and shingles vaccinations dementia assessments and annual health checks for patients with a learning disability. The practice had also worked with other local practices to enhance patient care. For example, the local practices had developed a role for and employed a nurse practitioner to work with elderly patients. The aim of this role being to take practice nursing services, such as chronic disease management out to housebound patients and to prevent hospital admissions where possible. The practices were also looking at developing early visiting and acute visiting services. Both services have the aim of improving patient access to GP services, enabling quicker access to the resources needed to support patients at home where possible and reducing emergency admissions to hospital and use of emergency services.

The GP provider had developed a formula for prescribing antiviral and antibiotic medication in an influenza epidemic. This approach had been adopted by Primary Care Cheshire for use by all services within the Chester and Cheshire West area. The GP provider also showed us a number of protocols they had developed to enhance patient care, for example warfarin monitoring. They had also developed one for end of life care. This had an emphasis on ensuring the wishes of patients were followed allowing them to die at home or in a hospice rather than hospital.

A physiotherapist was based on site as part of a pilot project introduced by the CCG. The physiotherapist was able to carry out initial assessments rather than these being undertaken by the GPs which resulted in quicker access for patients and better use of GP time.

The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- The practice was open from 08:00 to 18:30 Monday to Friday allowing early morning and evening appointments to be offered to working patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were longer appointments available for patients who needed them, such as patients with a learning disability, poor mental health or who had long term conditions.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- There were disabled facilities, baby changing, baby feeding and translation services available.
- The practice had a rising number of patients who were students. They were working collaboratively with a neighbouring practice to develop services that met the unique needs of these patients. The practice website contained information specifically for students about registering with the practice, prescriptions and physical and emotional health issues.
- Two self-test blood pressure monitoring machines were available for patient to use in a private area. Guidance on how to complete the test and how the results would be reviewed was available for patients to refer to.
- The reception staff played an active role in identifying the changing needs of the older patient population. They attended training events with clinicians to assist in this and were involved in discussions as to how the services for this group of patients could be improved. We were given examples of how this policy had led to benefits for older patients.
- Staff had received training in dementia awareness to assist them in identifying patients who may need extra support.
- The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives.
- Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement.

Access to the service

Good

Are services responsive to people's needs?

(for example, to feedback?)

Appointments could be booked in advance and booked on the day. Telephone consultations were also offered. Patients could book appointments in person, on-line or via the telephone. Repeat prescriptions could be ordered on-line or by attending the practice.

Results from the National GP Patient Survey from July 2015 (data collected from January-March 2015 and July-September 2014) showed that patient's satisfaction with access to care and treatment was above local and national averages. For example:

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 85% of patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 90% of patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.

However, in relation to seeing a GP of the patient's choice the results were lower than local and national averages:-

- 38% of patients said they usually got to see or speak to their preferred GP phone compared to the CCG average of 59% and national average of 59%.

We received 45 comment cards and spoke to three patients. Patients said that they were able to get an appointment when one was needed and that they were happy with the opening hours. Three responses indicated that waiting time was longer to see a GP of their choice. Four comments indicated that disability access and access with a pram to the practice was made difficult by the location of parking spaces, heavy internal doors and small size of the lift. These comments were brought to the attention of the practice manager.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled complaints in the practice. Information about how to make a complaint was available for patients to refer to in the waiting room, in the patient information booklet and on the practice website. The complaint procedure outlined a time framework for when the complaint would be acknowledged and responded to and details of who the patient should contact if they were unhappy with the outcome of their complaint. The practice kept a record of written complaints. We reviewed a sample of complaints received within the last 12 months. Records showed they had been investigated, patients informed of the outcome and action had been taken to improve practice where appropriate.

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 were to provide excellent medical treatment to patients, to refer patients to other services where appropriate, to offer a range of clinical appointments and to engage in medical interventions aimed at improving health, following national and local guidance. The aims and objectives of the practice were not publicised on the practice website or in the waiting areas. The staff we spoke with knew and understood the aims and objectives of the practice and their responsibilities in relation to these.

Governance arrangements, leadership and culture

Staff told us that there were opportunities to share information look at what was working well and where any improvements needed to be made. The practice closed one afternoon per month which allowed for learning events and practice meetings. Clinical staff told us they met informally and communicated information via email to share new protocols, keep up to date with best practice guidelines and review significant events. The lead GP and the practice manager met to look at the overall operation of the service. A formal clinical supervision group had recently been established involving the nursing staff across the four practices in the building. The informal meetings were not recorded and therefore we were not able to ascertain the frequency or the issues discussed.

There were clear lines of accountability at the practice. We spoke with clinical and non-clinical members of staff and they were all clear about their own roles and responsibilities. The GP provider was visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. The practice was described as having a flat management structure which was thought to encourage all staff to discuss any issues or concerns and suggest ideas for improvements. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings or as they occurred with the practice manager or GP provider. Staff told us they felt the practice was well managed.

The practice had a number of policies and procedures in place to govern activity and these were available to staff electronically. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The practice had completed clinical audits to evaluate the operation of the service and the care and treatment given.

The practice had systems in place for identifying, recording and managing risks. We looked at examples of significant incident reporting and actions taken as a consequence. Staff were able to describe how changes had been made to the practice as a result of reviewing significant events. A review of significant events was not being documented to demonstrate that actions identified had been implemented.

The systems in place to ensure staff have the skills, knowledge and competence for their roles needed to be improved by ensuring regular appraisals were carried out which were documented and included a plan for staff development. Improvements were also needed to the systems for identifying the training staff need and when this needed to be updated.

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

The practice had a small Patient Participation Group (PPG) and was trying to encourage new members. The group had not met regularly over the last 12 months, attempts were being made to address this and the group had met in January 2016 and had a future meeting planned. We spoke to two members of the PPG. They said they felt the staff at the practice listened to them and would act on their suggestions. They told us they were kept well informed and were consulted about the move to the new premises. Patient views had been sought during the GP appraisal process. Patients could leave comments and suggestions about the service via the practice website. Feedback from patients from the national patient survey was reviewed and if necessary action taken to address issues identified. The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT)is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014.

The practice had also gathered feedback from staff through meetings and informal discussion. Staff told us they felt

Are services well-led?

Good

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

able to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice team was part of local pilot schemes to improve outcomes for patients in the area. For example, the local cluster of practices had developed a role for and employed a nurse practitioner to work with elderly patients. The aim of this role being to take practice nursing services, such as chronic disease management out to housebound patients and to prevent hospital admissions where possible. The practices were also looking at developing early visiting and acute visiting services. Both services have the aim of improving patient access to GP services, enabling quicker access to the resources needed to support patients at home where possible and reducing emergency admissions to hospital and use of emergency services.

The practice was aware of future challenges. For example, the lead GP was planning for the future of the practice following their planned retirement in three years.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Recruitment procedures were not operated effectively to ensure the required information was available for each member of staff employed.**