

Fearnhead Cross Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Fearnhead Cross Medical Centre on 31 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 all staff were trained in basic life support.
- There were systems in place to reduce risks to patient safety. For example, there were regular checks on infection control practices, 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 similar to outcomes for patients locally and nationally.
- Staff felt well supported and they were kept up to date with appropriate training. Staff we spoke with told us they had the skills, knowledge and experience to fulfil their roles and responsibilities.
- Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Overall, patients told us they could get an appointment when they needed one though some felt they waited too long to be seen as a result of appointments over running. Urgent appointments were available the same day and routine appointments could be booked in advance.

Summary of findings

- The practice had good facilities, including disabled access. It was well equipped to treat patients and meet their needs.
- Complaints had been investigated and responded to in a timely manner although improvements were required to the way in which patients were informed about the complaints process.
- 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 improvement are:

- Review the complaints process to ensure patients are provided with appropriately 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.
- Develop a programme of clinical audit linked to national benchmarking, best practice guidance or research in order to drive improvements in outcomes for patients.

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.
- Staff were aware of their responsibilities to ensure patients received reasonable support, truthful information, and a written apology when things went wrong.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded them from abuse.
- Staff had been trained in safeguarding and they were aware of their responsibilities to report safeguarding concerns. Information to support them to do this was widely available throughout the practice.
- Risks to patients were assessed and well managed.
- Infection control audits were carried out. The practice had achieved a high score in the last audit and an action plan was in place to make required improvements.
- Health and safety related checks were carried out on the premises and on equipment on a regular basis.
- The practice had a well-established clinical staff team. Appropriate pre-employment checks were carried out to ensure staff suitability.
- Systems for managing medicines were effective and the practice was equipped with a supply of medicines to support people in a medical emergency.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Patients' needs were assessed and care was planned and delivered in line with best practice guidance.
- The practice monitored its performance data and had systems in place to improve outcomes for patients. Data showed that outcomes for patients at this practice were comparable to those locally and nationally.
- The practice worked in conjunction with other practices in the locality to improve outcomes for patients.

Summary of findings

- Staff worked alongside other health and social care professionals to understand and meet the range and complexity of patients' needs.
- Clinicians met on a regular basis to review the needs of patients and the clinical care and treatment provided.
- There was no evidence that a programme of clinical audits was driving improvements 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 for staff appraisal was in place and 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 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 comparably to others locally and nationally for aspects of care. For example for feeling listened to, being given enough time and being treated with care and concern.
- 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 system was flexible and responsive to patients' needs. The majority of patients we spoke told us they had no difficulty getting an appointment and there was good continuity of care. Urgent and routine appointments were available the same day and routine appointments could also be booked in advance.
- Extended hours were provided with late appointments available one evening per week.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Complaints were investigated and responded to in a timely manner. However, the system required review to ensure patients are provided with appropriately 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.

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 policies and procedures to govern activity and regular governance meetings were held.
- The partners encouraged a culture of openness and honesty and they were aware of and complied with the requirements of the duty of candour.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice used feedback from staff and patients to make improvements.
- The practice had an established and engaged patient participation group (PPG).
- There was a focus on 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.
- Patients with multiple conditions were reviewed in one appointment when possible.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were similar comparable to local and national averages.
- The practice provided a range of enhanced services, for example, the provision of care plans to prevent an unplanned hospital admissions for those patients most at risk. A dedicated telephone number and same day access was also provided for patients at risk.
- 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 elderly 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.
- One GP had a special interest in intermediate care.
- Staff worked closely with community teams such as the district nursing team to co-ordinate the care provided to older patients.

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.

Summary of findings

- Regular, structured health reviews were carried out for patients with long term conditions.
- Clinicians held lead roles in chronic diseases.
- Nurses held qualifications in supporting patients with long term conditions.
- Bespoke templates were used within the clinical system to ensure patients were assessed in line with best practice guidance.
- Patients with several long term conditions were offered a single, longer appointment to avoid multiple visits to the surgery.
- Drop in clinics were provided for flu vaccinations and Saturdays flu clinics were provided.
- The practice provided an enhanced service to prevent high risk patients from unplanned hospital admissions. This included these patients having a care plan, a review of their medicines, a named GP and access to an alternative phone number for more immediate access to the practice.
- Patients were provided with advice and guidance about health prevention and the management of their conditions and were signposted to support services.
- A dietician attended the practice twice per month.

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 baby and children's notice board was available to provide information for parents.
- A weekly antenatal clinic was provided.
- Child surveillance clinics were provided for 6-8 week olds and immunisation rates were comparable to the national average for all standard childhood immunisations.
- Opportunistic immunisations were provided to encourage uptake. The practice monitored non-attendance of babies and children at vaccination clinics and staff told us they would report any concerns they had identified to relevant professionals.

Good



Summary of findings

- 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.
- The practice worked with the local community PART (Paediatric Acute Response Team) and CREST (Community Respiratory Team) to monitor unwell children at home.
- Family planning services were provided.
- Cervical screening was provided and the percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 77% which was comparable to the national average of 81%.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Telephone consultations were provided and patients therefore did not always have to attend the practice in person.
- The practice offered a nurse led telephone advice line and nurse led minor ailments clinic.
- The practice provided extended hours appointments one evening per week until 9.15pm.
- The practice was part of a cluster of practices whose patients could access appointments at a local Health and Wellbeing Centre up until 8pm Monday to Friday and Saturday mornings by a pre-booked appointment system.
- A Saturday flu clinic was provided.
- The practice provided a full range of health promotion and screening that reflected the needs of this age group. Screening uptake for people in this age range was comparable to but lower than national averages. For example 65% of females aged 50-70 had been screened for breast cancer in the last three years compared to a national average of 72%.
- The practice was proactive in offering online services including the booking of appointments and request for repeat prescriptions. Electronic prescribing was also provided.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- 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.
- The practice had a GP lead and nurse lead assigned to patients with a learning disability.
- Staff were aware of their responsibilities to recognise adult abuse, for information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Vulnerable or at risk patients were discussed at weekly clinical meetings.
- 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.
- Reception staff had been provided with training in improving communication with patients who were deaf or had hearing difficulties.
- Patients who had any potential communication difficulties had been identified and contacted about their preferred method of communication.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.

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).

Good



- The practice held a register of patients experiencing poor mental health and these patients were offered an annual review.
- The practice had a designated lead for mental health.
- Data about how people with mental health needs were supported showed that outcomes for patients using this practice were comparable to local and national averages.
- One of the GPs made direct contact with patients registered with mental health concerns to ensure they attended for health reviews. This resulted in the vast majority of these patients having undergone a review of their health.

Summary of findings

- The practice referred patients to appropriate services such as psychiatry and counselling services.
- The practice took part in a shared care agreement with a local psychiatric hospital.
- The practice worked with other health and social care professionals in the case management of people experiencing poor mental health, including those with dementia.
- Staff had been provided with training in dementia awareness to support them in supporting patients with dementia care needs.
- 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.
- The practice hosted a psychotherapy service and patients experiencing poor mental health were informed about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The results of the national GP patient survey published July 2016 showed the practice was generally performing comparably to other practices locally and nationally. There were 309 survey forms were distributed and 113 were returned which equates to a 36% response rate. The response represents approximately 0.7 % of the practice population.

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

For example:

- 90% 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%.
- 92% said the last nurse they spoke to was good at listening to them (CCG average 93% national average 91%).
- 90% said the last GP they saw gave them enough time (CCG average 88%, national average 86%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 97% said they had confidence and trust in the last nurse they saw (CCG average 98%, national average 97%).

The practice scored lower than the national average for questions about getting through to the practice by phone, opening hours and time waiting to be seen. For example:

- 64% 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%.

- 69% were fairly or very satisfied with the surgery's opening hours compared to a national average of 79%.
- 46% felt they had to wait too long to be seen (national average 34%).

The practice scored similar to local and national averages for patients' experience of making an appointment and the helpfulness of reception staff. For example:

- 77% described their experience of making an appointment as good (national average 73%).
- 75% stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (national average 75%).
- 81% found the receptionists at the surgery helpful (CCG average 84%, national average 86%).

A similar to average percentage of patients, 82%, described their overall experience of the surgery as good or fairly good (national average 85%).

We spoke with nine patients during the course of the inspection visit and they told us the care and treatment they received was 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 44 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; courteous, caring, professional, helpful, good, excellent, polite, attentive and considerate. Two of the 44 comment cards sited difficulty in getting an appointment and three patients said they felt they had to wait too long to be seen as appointments could overrun.

Areas for improvement

Summary of findings

Action the service **SHOULD** take to improve

- Review the complaints process to ensure patients are provided with appropriately 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.
- Develop a programme of clinical audit linked to national benchmarking, best practice guidance or research in order to drive improvements in outcomes for patients.

Fearnhead Cross Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Fearnhead Cross Medical Centre

Fearnhead Cross Medical Centre is located in, Warrington, Cheshire. The practice was providing a service to approximately 14,160 patients at the time of our inspection.

The practice is part of Warrington Commissioning Group (CCG) and is situated in an area with higher than average levels of deprivation. The number of patients with a long standing health condition is 59% which is higher than the national average of 54%.

The practice is run by six GP partners. There are an additional two salaried GPs (six male and two female). There are three practice nurses, two nurse clinicians, two health care assistants, a practice manager and a team of reception/administration staff. The practice is open from 8am to 6.30pm Monday to Friday with extended opening hours until 9.15pm on Wednesdays. 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 Saturday mornings by pre-booked appointment. Outside of practice opening hours patients can access the Bridgewater Trust for primary medical services.

The practice provides placements for medical students and mentoring for student nurses.

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, checks for patients who have a learning disability and avoiding unplanned hospital admissions.

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 31 August 2016. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, a health care assistant, the practice manager, reception and administrative staff.
- Spoke with patients who used the service and met with 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. Immediate action was taken following an event and events were discussed at a range of regular meetings. There was also an annual review of events carried out. We were assured that learning from significant events had been shared and implemented into practice.

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 them from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults that reflected relevant legislation and local requirements and safeguarding policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact details and process flowcharts for reporting concerns were displayed in the clinical areas. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. There was a lead member of staff for child safeguarding. The GPs provided reports where necessary for other agencies. All staff had received safeguarding training relevant to their role. For example the GPs were trained to Safeguarding level 3. Staff demonstrated they understood their responsibilities to report safeguarding and some staff provided examples of when they had raised 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 clinical lead and they were responsible for liaising with the local infection prevention team. 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 high score overall at the last audit and we saw evidence that action was planned to make improvements in the areas identified as requiring this. These included the replacement of carpeting and seating in some areas including the branch surgery and refurbishment of the minor operations/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. Two of the nurses had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. 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. A system was in place to account for prescriptions and they were stored securely. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy team and staff attended regular meetings with the CCG to look at prescribing issues across the locality and how these could be improved. Medicines prescribing data for the practice was comparable to national prescribing data. We saw examples of how the

Are services safe?

practice had acted upon prescribing data to make improvements. The practice held a stock of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and procedures were in place to manage these safely.

- We reviewed a sample of staff personnel files in order to assess the staff recruitment practices. Our findings showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, proof of qualifications, proof of registration with the appropriate professional bodies and checks through the Disclosure and Barring Service.

Monitoring risks to patients

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

- There was a health and safety policy available with a poster in the reception office that staff could refer to.
- The practice had an up to date fire risk assessment and fire safety checks and procedures were in place.
- The practice had a variety of other risk assessments in place to ensure the safety of the premises such as infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

- 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 each 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. For example;

- 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 robust 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 current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. NICE provides evidence-based information for health professionals.

Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. GPs 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. Referrals were monitored at weekly clinical meetings.

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

Management, monitoring and improving outcomes for people

The practice used information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice had achieved 97% of the total number of points available with 7% exception reporting (reporting for the number of patients excluded from the results). The practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2014 to March 2015 showed performance in outcomes for patients was comparable to local and national averages. For example,

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 78% compared to a Clinical Commissioning Group (CCG) average of 82% and a national average of 88%. The percentage of patients with diabetes in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 76% (CCG average 79%, national average 77%).

- 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 (01/04/2014 to 31/03/2015) was 91% (CCG average 91%, national average of 89%).
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less (01/04/2014 to 31/03/2015) was 83% (CCG average 82%, national average 83%).
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 77% (CCG average 85%, national average 84%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 94% (CCG average 92%, national average of 88%). We noted that exception reporting was below average for mental health indicators. The practice told us this was because one of the GPs made direct contact with these patients to encourage them to attend health reviews. This resulted in the vast majority of patients registered as having a mental health concern having undergone a health review.

Information about outcomes for patients was used to make improvements. For example, the practice had been identified as a higher than average prescriber of broad spectrum antibiotics (Cephalosporins or Quinolones) with the percentage of antibiotic items prescribed that are Cephalosporins or Quinolones at 9% compared to the national average of 5%. The practice had audited and implemented procedures to address prescribing of these drugs and as a result were able to show us that prescribing had improved.

We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. We viewed the first cycle of a planned two cycle audit commenced February 2016 into the therapeutic management of patients with atrial fibrillation (a heart condition that causes an irregular and sometimes fast

Are services effective?

(for example, treatment is effective)

pulse) to prevent the risk of stroke. However, there were no full cycle clinical audits demonstrating quality improvements and linked to national benchmarking, best practice guidance or research.

The practice had a designated clinical governance lead. GPs attended weekly and monthly clinical meetings to discuss clinical matters and review the care and treatment provided to patients. A range of other meetings were held on a regular basis that included clinical oversight, for example quarterly clinical meetings and Gold Standards Framework (GSF) meetings.

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

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff.
- Staff told us they felt appropriately trained and experienced to meet the roles and responsibilities of their work. Staff had been provided with training in core topics including: safeguarding, fire procedures, infection control, consent, chaperoning, conflict resolution, basic life support and information governance. Staff had also been provided with role-specific training. For example, staff who provided care and treatment to patients with long-term conditions had been provided with training in the relevant topics such as diabetes, podiatry and spirometry. Other role specific training included training in topics such as administering vaccinations and taking samples for the cervical screening programme. Staff had access to and made use of e-learning training modules and in-house training. There was a training plan in place to ensure staff kept up to date with their training needs.
- Clinical staff held lead roles in a range of areas including; dermatology, minor surgery, child health surveillance, palliative care, medicines, prescribing, diabetes, intermediate care and mental health. 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 and revalidation. There was a system in place for annual appraisal of staff. 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. Internal meetings were structured and well planned with standard agenda items. External meetings included meetings with the CCG and cluster and federation 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.

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

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

Are services effective?

(for example, treatment is effective)

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

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 a GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- Written consent was obtained and recorded for minor surgical procedures.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

The practice 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, kidney disease and those at risk of developing a long-term condition. Patients with these conditions or at risk of developing them were referred to (or signposted to) services for lifestyle advice such as dietary advice or smoking cessation.

- The practice monitored how it performed in relation to health promotion. It used 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.
- The practice encouraged patients to attend national screening programmes. The practice's uptake for the cervical screening programme for women aged 25-64 in the preceding 5 years (01/04/2014 to 31/03/2015) was 77% which was comparable to the national average of 81%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged patients to attend national screening programmes for bowel and breast cancer.
- Childhood immunisation rates were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 97% and five year olds from 73% to 96%.
- 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.
- The practice hosted a psychotherapy service weekly. It also hosted a dietician and the Citizen's Advice Bureau.
- A wide range of information about how patients could access a range of support groups and voluntary organisations was available.
- Health promotion information was available in the reception area and on the provider's website.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations and 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 44 comment cards we received were positive and complimentary about the caring nature of the service provided. Patients said they felt the practice offered an 'excellent' service and staff were helpful and treated them with dignity and respect. Patients described staff as; courteous, caring, professional, helpful, good, excellent, polite, attentive and considerate. During discussions with staff that they demonstrated a patient centred approach to their work.

Results from the national GP patient survey showed patients felt they were treated with care and concern. The patient survey contained aggregated data collected between July to September 2015 and January to March 2016. The practice scored similar to average, when compared to Clinical Commissioning Group (CCG) and national scores, for patients being given enough time, being treated with care and concern and having trust in clinical staff. For example:

- 90% of respondents said the last GP they saw gave them enough time compared to a CCG average of 88% and a national average 86%.
- 90% 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%).
- 95% said the last nurse they saw or spoke to was good at giving them enough time (CCG average of 94%, national average of 91%).

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

- 81% of respondents said they found the receptionists at the practice helpful compared to a CCG average of 84% and a national average of 86%.
- 82% described their overall experience of the practice as 'fairly good' or 'very good' (national average 85%).

We met with 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, they had encouraged the practice to promote on line services.

We also spoke with an additional nine patients who were attending the practice at the time of our inspection. They gave us highly positive feedback about the caring nature of the GPs and other 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 positive and aligned with these views. Results from the national GP patient survey showed the practice had scored similar to local and national averages for patient satisfaction in these areas. For example:

- 90% 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%.
- 92% said the last nurse they saw or spoke to was good at listening to them (CCG average of 93%, national average of 91%).

Are services caring?

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

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

Patient and carer support to cope emotionally with care and treatment

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect. A wide range of information about how patients could access support groups and organisations was available. 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 203 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 checks. A notice board was provided with a wide range of written information for carers.

Patients receiving end of life care were signposted to support services and staff contacted bereaved family members or carers as appropriate to people's circumstances.

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 them having 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. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.
- Same day appointments were available for children and those patients with medical issues that required same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered extended opening hours one evening per week.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday with extended hours until 9.15pm on Wednesdays. 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 Saturdays mornings by pre-booked appointment.

The appointment system was well managed and sufficiently flexible to respond to peoples' needs. The majority of people we spoke with on the day told us they were able to get an appointment when they needed one. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally comparable to local and national averages. For example:

- The percentage of patients who were 'very satisfied' or 'fairly satisfied' with their GP practice opening hours was 69% (national average 78%).
- 75% 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%).
- 77% of patients described their experience of making an appointment as good (CCG average 68%, national average 73%).

However, the practice scored lower than average for patients being able to get through to the practice by phone and for waiting to be seen. 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 64% compared to a national average of 72%.
- The percentage of patients who felt they normally had to wait too long to be seen was 46.8% compared to a CCG average of 34.9% and a national average of 34.5%.

Changes to the telephone system had been made earlier this year and the feedback we received indicated that patients' experience of getting through to the practice by phone may have improved since the national patient survey. The practice were aware that a higher than average number of patients felt they waited too long to be seen when they had an appointment. This had also come through in CQC comment cards and in NHS Family and Friends feedback. They told us they were actively working to improve 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 had been made and action taken to remove barriers when people found it hard to use or access the service. For example, a hearing loop system was available to support people who had difficulty hearing, a translation

Are services responsive to people's needs?

(for example, to feedback?)

service was available and staff had been provided with training in deaf awareness. The practice had contacted all patients who they were aware may need support in communicating with them to offer them a range of alternatives for how they were contacted.

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. 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). The provider forwarded examples of updated complaints information to us following the inspection visit.

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 reviewed at quarterly practice meetings. We found overall that lessons had been learnt from concerns and complaints and action had been taken to improve the quality of care provided 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; providing patients with high quality personal healthcare within available resources, being responsive to patients' needs, working effectively with secondary care and community teams for the benefit of patients, putting the patient at the heart of all decisions about them and ensuring that patients are treated with dignity and respect. Staff we spoke demonstrated that they supported the aims and objectives of the practice.

The GP partners had knowledge of and incorporated local and national objectives. They worked alongside the Clinical Commissioning Group (CCG) and within a cluster of practices and a federation of practice to deliver effective outcomes for patients.

The practice had won a range of awards from the CCG in recent years. The most recent award was for 'Excellence in healthcare' provided to the practice nurse team in 2015.

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.
- Quality and Outcomes Framework (QOF) data showed that the practice achieved results comparable to or higher than other practices locally and nationally for the indicators measured.
- The GPs had been supported to meet their professional development needs for revalidation (GPs are appraised annually and every five years they undergo a process

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

- There were clear methods of communication across the staff team. Records showed that regular meetings were carried out as part of the quality improvement process to improve the service and patient care.
- Staff were aware of which GPs had lead roles for the different areas of work and therefore they knew who to approach for help and advice.
- 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. They were 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. Staff in all roles felt supported and appropriately trained and experienced to meet their responsibilities. Staff had been provided with a range of good quality training linked to their roles and responsibilities.

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

Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients. The practice had a well-established and engaged patient participation group (PPG). Members 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. Feedback we attained from patients was positive and they told us they felt the practice provided a good, high quality service.

The practice also sought patient feedback by utilising the NHS Friends and Family test. The NHS friends and family test (FFT) provides an opportunity for patients to provide feedback on the services that provide their care and treatment. It was made available in GP practices from 1 December 2014. Results throughout 2016 showed that the majority of patients who had completed the survey were likely or extremely likely to recommend the practice.

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 through a staff survey.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. This included; the practice providing placements for medical students and student nurses, being involved in local schemes to improve outcomes for patients and working collaboratively with partner agencies. The GPs and management team were aware of challenges to the service. These included: the increasing demand for services, the growth of the older patient population, succession and work force planning, new and changing expectations in line with changes in the local health economy, and changes to contractual arrangements. They told us areas for development included; developing new ways of providing care and treatment as part of a larger group or federation of practices and development of the premises.