

The Weaver Vale Surgery

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	Requires improvement 
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?	Requires improvement 

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 Weaver Vale Surgery on 16 June 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice required improvement for providing safe and well-led services. We found the practice was good for providing effective, caring and responsive services. There were aspects of the safe and well-led domains that impacted on all population groups.

Our key findings across all the areas we inspected were:

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents. Information about safety was recorded and reviewed. Some incidents which were recorded as complaints lacked follow through on corrective actions. Information that came to light in complaints, was not treated as a significant event, and information was not shared to prevent the incident reoccurring.

- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks, and checks on emergency medicines
- Data showed patient outcomes in-line with those expected for the locality. Data collection exercises had been conducted to evaluate patient outcomes. Practice GPs could show evidence of clinical audit in relation to treatment of patients.
- Patients told us that GPs and nursing staff were caring and compassionate
- The practice was responsive to its patients and acted on feedback to improve patient access to services
- Practice leaders recognised the opportunity for change and worked with stakeholders to secure the best future for the practice and its patients. We did note gaps within the leadership team which hindered the practice's daily working relationships. Leaders failed to investigate and respond fully to concerns raised.

There were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

Summary of findings

- Apply recruitment checks to all staff in line with the requirements of Schedule 3.
- Investigate concerns and apply proportionate action to any failures identified.

In addition the provider should:

- Improve engagement with the patient participant group.

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 requires improvement for providing safe services. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, we saw examples of complaints made which should have triggered significant event analysis, but this was not applied.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. The practice was able to share examples of clinical audit it had performed to help evaluate the effectiveness of clinical care and treatment. These were used to drive improvement in patient care.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. We received 18 completed CQC comment cards, which patients had used to express their views. All contained positive comments about the practice and its staff.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care. Urgent appointments were usually available the same day and any un-well child would be seen on the day. The practice had delivered a paediatric clinic throughout the winter months which had been well utilised by parents. The practice also subscribed to a CCG level service provided through the federation it was part of, to provide intermediate care beds for elderly patients. This facility acted as a step down for patients leaving hospital, who needed some extra support before returning home.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led. The practice did not have a clear vision and a strategy in place. Communication and working relationships within the leadership

Requires improvement



Summary of findings

team were at times, difficult, which meant plans for the development of the practice were difficult to achieve. Nursing staff reported that they were well supported by the GPs and that their learning and development was actively supported and encouraged. Administrative staff commented positively on the level of support they received from the practice manager.

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 requires improvement for the treatment of older people as there were aspects of the safe and well-led domains that affected all population groups. The practice provided a caring service to older patients and to those living in two local nursing and care homes. Longer appointments and home visits were available when needed, and this was acknowledged positively in feedback from patients. The practice was also involved in a CCG led scheme, to provide 'step up/step down' care and support for older patients who may require additional support when leaving hospital. Similarly, it was offered to those patients who, with additional support, could avoid hospital admission and be admitted to this smaller unit for a short spell of supervised care and treatment. The practice delivered annual health checks for those patients aged over 75 years, who were assigned a named GP. The practice had care plans in place for those most vulnerable to hospital admission.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the treatment of people with long term conditions as there were aspects of the safe and well-led domains that affected all population groups. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified and had care plans in place to reduce the possibility of this. Patients with long term conditions were given sufficient time with clinicians to explain their illness and symptoms.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the treatment of families, children and young people as there were aspects of the safe and well-led domains that affected all population groups. The practice had a policy of treating any un-well child on the day. The practice had been involved in the delivery of a paediatric clinic each weekday evening, between 5.00pm and 7.00pm. This clinic ran in winter months to reduce pressure on local hospital admissions. Following the success of this, extended hours surgeries will be offered each evening from 1 July 2015.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the treatment of working age people as there were aspects of the safe and well-led domains that affected all population groups. Patients we spoke with

Requires improvement



Summary of findings

that fell within this population group told us they had good access to appointments with nurses and GPs. We spoke with two younger patients on the day of our inspection. They told us they could access appointments when they needed to and were happy that services offered were confidential. The practice had utilised the practice Patient Participation Group (PPG) to carry out a survey of students at the local Winsford Academy. From feedback, the practice implemented changes to ensure students could access services easily. One of the changes was to increase the availability of on-line appointment booking. We saw that uptake of appointments via this method was good.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the treatment of people whose circumstances could make them vulnerable, as there were aspects of the safe and well-led domains that affected all population groups. The practice maintained registers of those patients who may be more vulnerable, for example, those with a learning disability, and those people who were carers. When funding for annual health checks for carers ceased, the practice reviewed all records to see if patients could be eligible for health checks via another population group, for example, if they had a longer term condition. The practice maintained links with community organisations, who could offer carer support, for example, a member of practice staff attended a carer's luncheon club to highlight other services that could be of use to them. The practice lead for health checks for patients with learning disabilities was the nurse prescriber at the practice. This offered these patients continuity of care.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the treatment of people who experienced poor mental health or who were living with dementia, as there were aspects of the safe and well-led domains that affected all population groups. Patients from this group who failed to attend an appointment at the practice were contacted to offer a new appointment date and time. If the member of staff could not contact the patient or became concerned, this was reported to the community mental health team. The practice where able to demonstrate good partnership working between themselves and the community mental health teams. For example, we saw that any health screening results, such as cholesterol, blood glucose, BP, alcohol consumption or ECG results were forwarded to the Mental Health Team for any patients under their shared care.

Requires improvement



Summary of findings

What people who use the service say

We received 18 comment cards, which patients had used to express their views on the practice. All comments were positive. Patients described the high standard of service they received, using the terms 'first class', 'excellent', and 'very good'.

We spoke with six patients from different population groups on the day of our inspection. All patients said they had good access to GPs and nurses at the practice. Younger patients told us they were confident that consultations were private, which was particularly important to them. Patients said they did have difficulty getting through to the practice by phone first thing in the morning, but were aware that this was an issue that the practice would tackle when the existing telephony contract was due for renewal.

The practice performance for patient satisfaction rates tended to be in line or better than scores for other practices locally, and in some cases, above scores nationally. For example, results from the last NHS England GP Patient Survey, showed 74% of respondents found it easy to get through to the surgery by phone. Locally this score (CCG) average was 53%. Nationally the average was 74%. When asked, 85% of respondents said

they usually wait 15 minutes or less after their appointment time to be seen. The average score locally was 68%, and the national average 65%. This demonstrated that patients tended to be kept waiting longer when arriving for appointments, than those patients locally and nationally. When asked, 83% of respondents said they would recommend this surgery to someone new to the area. The local average score was just 71%. The national average score was 78%. Areas highlighted for improvement from scores in the NHS England GP Patient Survey included appointment availability, the convenience of appointments and the time taken to listen to patients. When asked 74% of respondents said they were able to get an appointment to see or speak to someone the last time they tried. Locally the score was an average of 82%. Nationally the score average was 85%. When asked 84% of respondents said the last GP they saw or spoke to was good at listening to them. Locally the average score was 88%. Nationally the average score was 89%. When asked, 88% of respondents said the last appointment they got was convenient. Locally the average score was 91%, and the national average score was 92%.

Areas for improvement

Action the service **MUST** take to improve

- Apply recruitment checks to all staff as required by Schedule 3.
- Investigate concerns and apply proportionate action to any failures identified.

Action the service **SHOULD** take to improve

- Improve engagement with the patient participant group.

The Weaver Vale Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP Specialist Adviser, a Practice Nurse Specialist Advisor and a Practice Manager Specialist Adviser.

Background to The Weaver Vale Surgery

Weaver Vale Surgery is located in Winsford, Cheshire and falls within the Vale Royal Clinical Commissioning Group (CCG). The practice is situated in a purpose built facility, which it shares with two other practices. Services are delivered under a General Medical Services (GMS) contract.

The patient register is made up of approximately 8,000 patients. All treatment and consulting rooms are located on the ground floor. The practice is fully accessible for any patients with mobility issues. Parking is available outside the practice with clearly marked disabled parking spaces. The practice has nine patient treatment and consulting rooms, a large patient reception and waiting area, two patient toilets which are wheelchair accessible, a baby changing and breast feeding room and an isolation room for any patient suspected of having a contagious illness.

The practice is run by three GP partners. The partners retain the services of a long term locum GP, which also provides the choice of a female GP for those patients that request this. The practice has two practice nurses and a nurse prescriber. A health care assistant also offers clinical support in the form of phlebotomy services, some health screening and new patient health checks. The practice team is supported by 19 administration and reception staff.

The practice is open between 8.00am and 6.30pm Monday to Friday with appointment availability from 8.15am to 6.20pm daily. An extended hours' surgery is available on Monday evening each week, when appointments with a practice nurse or nurse prescriber are available from 6.30pm to 8.15pm. The practice had recently received funding to provide early morning appointments between 7:30 and 8:00am Monday to Friday, and late evening appointments on a Wednesday evening between 6:30 and 7.00pm. This will be in addition to the extended hours service provided on a Monday evening between 6:30pm and 8:15pm.

When the practice is closed, any calls received are diverted to the Out of Hours service provided by East Cheshire NHS Trust.

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

How we carried out this inspection

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?

Detailed findings

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

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 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 16 June 2015. During our visit we spoke with a range of staff including two GP partners, a nurse prescriber, a practice nurse, a healthcare assistant, the practice manager and two administrative staff. We were also able to speak with the practice link worker from the local clinical commissioning group, (CCG) who gave details of work the practice was doing to enhance the quality of patient services. We also spoke with patients who used the service. We observed how people were being cared for and talked with carers and family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. For example we saw how nursing staff and GPs always saw any acutely unwell child on the day they presented at the practice requiring an appointment. Practice staff could describe how they responded quickly to any safety alerts or updates, for example, in relation to increased prevalence of cases of childhood measles. The practice had access to an isolation room, should any patient be visiting the practice whose condition was highly contagious.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. We saw how significant events were reported and analysed to ensure learning came from such events. All staff we spoke to told us they were encouraged and supported when reporting any significant event and that the partners promoted an open culture.

Significant events was a standing item on the practice meeting agenda. All events were reviewed annually to see if there were any patterns or trends in reported incidents. National patient safety alerts were disseminated by the practice manager to practice staff. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for.

The practice showed us examples of significant events and how these had been investigated. The practice were able to demonstrate how any information and findings were shared with patients when appropriate.

We noted that some incidents were treated as complaints and as a result of this, did not undergo the same level of scrutiny and follow-up action. Similarly, some complaints which were also significant events, did not go through the significant event recording and analysis process, which limited any learning that could have been taken from the

event. We saw in one case, concerns raised with the practice about the care of a patient were not treated as a significant event or complaint, and were not referred to the Registered Manager of the practice.

Reliable safety systems and processes including safeguarding

The practice had systems in place to identify vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. GPs and the nurse prescriber had received training to level three and nurses were trained to level two in safeguarding. All other staff were trained to level one. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, document safeguarding concerns and how to contact the relevant agencies. Contact details were easily accessible to all staff in the practice.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans. There was active engagement in local safeguarding procedures and effective working with other relevant organisations including health visitors and the local authority. The practice had recently met with the safeguarding lead GP for the CCG, to resolve issues around the completion and submission of reports in respect of any safeguarded child or vulnerable adult. Where requests for these were only made 24 hours previously, GPs agreed they would submit a summary care record and safeguarding history from the practice database system, with a brief dictated letter. The CCG safeguarding lead GP accepted that this would be sufficient in such cases, but also stated that GPs should be recording their opinion on the welfare of a child, as other agencies involved in a child or vulnerable adults care were required to do this. The practice confirmed its commitment to providing information on the health and welfare of safeguarded patients, even when faced with extremely tight timescales.

The practice had a chaperone policy in place and the chaperone service was highlighted on notice boards in reception areas and in consultation and treatment rooms. Practice nurses had received training on acting as a

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chaperone for patients and had undergone appropriate Disclosure and Barring Service checks. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable and who would not be suitable to perform these duties.

Medicines management

The practice had a system for reviewing repeat medications for patients with multiple health conditions. The practice was able to demonstrate that repeat prescribing was reviewed regularly. Any change in regularly used medicines was referenced to ensure any contra-indications were observed. For example, the lead GP for the practice described a shortage of steroid products available, particularly those manufactured by a major pharmaceutical supplier. As a result of this, the practice had accessed information for all clinicians to use, in the form of a 'steroid ladder'. This gave information on each particular branded steroid, its dosage strength and benefits, and which products could be used to replace it.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures which staff could refer to. Records of fridge temperature checks showed staff conducted checks once daily, rather than the recommended rate of twice daily. We brought this to the attention of the practice in feedback at the end of the day.

The practice GPs were working with the local clinical commissioning group (CCG) medicines management team to review prescribing. Antibiotic prescribing at the practice was higher than expected for the area, and higher than the England average. The practice partners suggested that the higher prevalence of people with long term conditions may account for this. However the partners had not conducted any audit to support this suggestion, or to establish the reason for the higher levels of antibiotic prescribing.

There was a system in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying drugs, which included regular monitoring in accordance with national guidance. The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines, that had been produced in line with legal requirements and national guidance. A member of the nursing staff was qualified as an independent prescriber and she received regular supervision and support in her role as well as updates in the specific clinical areas of expertise for which she prescribed.

Cleanliness and infection control

We observed the premises to be clean and tidy and saw there were cleaning schedules in place. The practice shared the building with two other GP practices, and cleaning services were provided by an external contractor. The infection control lead for the practice was the practice nurse, who monitored cleaning standards. An infection control audit was completed in March 2015, which highlighted some areas for improvements. These were collated in an action plan with dates each item had been addressed. Action points included the replacement of carpets in public areas, and the hard wiring of fridges to uninterrupted electricity supply. Areas outside of the immediate control of the practice were also noted. For example, some minor damage to walls was recorded and reported to the buildings management team. All other areas of infection control were managed well. We found contracts were in place for the removal of segregated clinical waste, and we saw that all clinical waste was correctly managed and bagged in the correct colour coded sacks. Sharps bins were available in all treatment rooms. These were correctly labelled with the date the bin was put into use, and were not filled beyond the designated line on the bin. All sharps bins were placed on work surfaces, within reach of clinicians but in areas that they would not be knocked over.

An infection control policy and supporting procedures were available for staff to refer to. Personal protective equipment including disposable gloves, aprons and coverings were available for staff to use in each treatment room. Staff were able to demonstrate how they would use these to comply with the infection control policy.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand

Are services safe?

soap, hand gel and hand towel dispensers were available in treatment rooms. The shared facility in which the practice was based was supported for all buildings checks by a contractor appointed by the landlord. Legionella testing was carried out annually and the practice manager was able to provide records to confirm this.

Equipment

The practice demonstrated that it had sufficient equipment to enable clinicians to carry out diagnostic examinations, assessments and treatments. Equipment was tested and maintained regularly and we saw maintenance logs and other records that confirmed this. We saw evidence of calibration of relevant equipment; for example weighing scales, spirometers, blood pressure monitoring gauges. All staff knew where equipment was located within the practice and were aware of whom to report any faulty equipment to.

Staffing and recruitment

The practice had submitted a number of key policies and procedures as part of the inspection process. When we reviewed the recruitment policy we saw that this was out of date. The policy referred to the various Discrimination Acts, which were replaced by the Equality Act 2010.

We checked three staff files. We found these contained a number of necessary documents, for example, evidence of identity checks, copies of professional registrations and valid insurance, evidence of enhanced background checks through the Disclosure and Barring Service, and references from previous employers. The practice manager confirmed that checks were carried out on all staff at the practice, including locum clinicians. However, we found that none of the files we checked contained a health check questionnaire. Information on this would include details of up to date vaccinations, for example Hepatitis B. When checking other governance documents, we found that a locum clinician had worked at the practice within the past twelve months. The practice manager explained that the locum had been retained directly and not through an agency, meaning the practice was responsible for all recruitment checks for this locum. The practice could not show any recruitment checks carried out, as required by Schedule 3, in relation to this locum. This was contrary to the practice recruitment policy, and applicable legislation.

The practice manager showed us records to demonstrate that staffing levels and skill mix met requirements. The practice manager described plans in place to recruit a long term salaried GP to replace a long term locum GP that was due to finish at the practice later in the year.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). When we asked members of staff they all knew the location of this equipment. Records we saw gave details of daily checks conducted on the equipment and medicines, to ensure it was ready for use. We opened the emergency equipment and medicines bag to check its contents. We found airways in the bag were unwrapped, so not suitable for use. One airway that was wrapped was out of date and not suitable for use. When we checked the medicines, we found some phials of adrenaline had burst and leaked, making the others it was stored with no longer suitable for use. We checked the pads for the automated external defibrillator and found these were within their expiry date.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. The practice had recently experienced a major issue for a short period of time, when IT and telephony systems went down. The practice manager was able to show how services continued to be delivered, following the provisions of the business continuity plan. Any learning following the incident was used to update the business continuity plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE). We saw minutes of clinical meetings which showed how updated guidance was discussed and implications for the practice's performance and patients were identified and required actions agreed. Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines.

Patients with long term health conditions were having regular health checks and were being referred to other services when required. The practice used computerised tools to identify any patients who were at high risk of admission to hospital. These patients were reviewed regularly to ensure care plans in place met their needs and provided sufficient information for other clinicians or carers involved in their care and support.

All patients registered with the practice were offered a new patient health check. This appointment was used to offer opportunistic intervention, for example, to provide lifestyle health information and advice. Those patients who had a diagnosed long term health conditions were added to the appropriate registers and would be offered an appointment with one of the practice nurses.

Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of a patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

The practice GPs had conducted clinical audit, for example in relation to atrial fibrillation and minor surgery. Further examples of clinical audit were sent to us following our inspection. The results of audit were used to drive improvement in patient care.

The practice had a protocol in place for repeat prescribing which followed national guidance. This required staff to regularly check patients receiving repeat prescriptions, had been reviewed by the GPs. They also checked all routine

health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. We saw evidence that after receiving an alert, the GPs had reviewed the use of the medicine in question and, were they continued to prescribe it, outlined the reason why they decided this was necessary.

The practice implemented and followed the gold standard framework for end of life care. It had a palliative care register and had regular multidisciplinary meetings to discuss the care and support needs of patients and their families.

The practice kept a register of patients identified as being at high risk of admission to hospital, for example elderly patients and those with longstanding health conditions. Nursing staff delivered annual reviews for these patients, and for those with certain conditions reviews were offered every six months, for example, those patients with diabetes. The practice did use data from the Quality Outcomes Framework (QOF) to pinpoint any areas for improvement in patient care. (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). QOF data showed that the practice had performed well in areas such as management of diabetic patients, diagnosis rates of dementia and management of patients with hypertension (high blood pressure). The practice performance, as measured by QOF showed the practice performed slightly better than those nationally, achieving 99% of the QOF points available in the year 2013-14.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support. All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

Are services effective?

(for example, treatment is effective)

All staff undertook annual appraisals that identified learning needs. Our interviews with staff confirmed that the practice was proactive in providing training and encouraged learning opportunities for all staff. Practice nurses and health care assistants had job descriptions outlining their roles and responsibilities, and provided evidence that they were trained appropriately to fulfil these duties. All nurses reported that they received a high level of support from the GPs and opportunities for peer review both within the practice and with colleagues within the CCG.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries and out-of-hours GP services both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from these communications. We saw that all information passed to the practice was dealt with quickly and efficiently. All staff we spoke with understood their roles and felt the system in place worked well. There were no instances identified within the last year of any results or discharge summaries that were not followed up.

Emergency hospital admission rates for the practice were slightly higher compared to the national average, with a practice value of 18.3 compared to the national value of 14.4. The practice GPs linked this to the higher prevalence of multiple long term health conditions amongst its patients. However, the practice could not show any analysis of admissions to support this.

The practice worked with and supported two local care and nursing homes, providing weekly ward rounds and a mentoring service to one of the homes. The practice had worked with the federation it is part of, to provide a defined level of service to these two residential and nursing care homes for the next twelve months. This was documented and was referred to as the Winsford Gold Star Service. Preparation work had included steps to improve communications about patient discharges, any patient significant event, and patient summary notes. The mentoring scheme provided to one of the homes gave the

opportunity for staff at the home to increase their education and learning on the support of elderly patients and to be involved in question and answer sessions with the visiting GP.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. We saw evidence there was a system for sharing appropriate information for patients with complex needs with the ambulance and out-of-hours services. The practice actively reviewed and updated registers of patients receiving palliative and end of life care. Mechanisms were in place to ensure that any updates on patients' conditions were shared with members of the community care team, such as McMillan nurses, out of hours GPs and district nurses.

Staff had identified the carers and / or family members of those patients receiving palliative care, and this was recorded on patient records. The practice had also used the appropriate read code on each patient record to show a named carer had been identified. (Read codes assist clinicians in identifying key information about patients, quickly). This facilitated communications between the practice and patients and their carers'. Staff could demonstrate their knowledge and understanding of the principles of patient confidentiality and were they had any concerns, would refer them to a manager.

Consent to care and treatment

We found that staff were aware of their responsibilities in relation to the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling them. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it. The lead GP at the practice was particularly knowledgeable, and could give specific examples of where the principles of the Acts had been used to inform multi-disciplinary teams on the decision making process for those patients who lacked capacity.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually or more frequently if required.

Are services effective?

(for example, treatment is effective)

The practice had a consent policy in place, which staff were aware of and could refer to. We looked at how this was applied by nursing staff at the practice. The nurses showed us examples of when they had requested formal written consent from patients, for example when fitting contraceptive implants, or delivering childhood immunisations. Other procedures had been performed following verbal consent which was recorded on patients' records and had the correct read code applied. We asked staff about treating younger patients. Staff told us they communicated with patients in an age appropriate manner and applied the principles of Gillick competency. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

Health promotion and prevention

The practice offered a health check to all new patients registering with the practice. The practice also offered health checks to those patients aged between 40 and 74 years of age. These appointments are used to conduct health checks, for example taking weight, body mass index (BMI) and blood pressure readings as well as making opportunistic referrals for example to dieticians.

The practice offered a full range of immunisations for children. Performance was in line with the England average for the majority of immunisations where comparative data was available. The practice had follow up processes in place for any child that failed to attend for immunisations and worked well with central Child Health Teams to reach the parents of these children and offer alternative appointment times.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients completed CQC comment cards to tell us what they thought about the practice. We received 18 completed cards all of which were positive about the service. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private.

The practice had recently responded to the findings of an audit of the reception area, and how its layout impacted on patients with hearing difficulties or for those patients who were deaf. One of the recommendations was that a Perspex screen be taken down between the reception desk and patients. Other patients commented on this when we spoke with them on the day of our inspection, saying it made the reception area more approachable and how they felt it improved communication generally.

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the NHS England National Patient Survey, and information provided in feedback from the practice Patient Participation Group (PPG). Overall the practice's performance was comparable with other local practice and national averages.

Information from the NHS England National Patient Survey showed 82% of patients asked found the receptionists at this surgery helpful. The average score locally for this question was 81% and 87% nationally. Of those asked 74% of patients said they were able to get an appointment to see or speak to someone the last time they tried. The average score locally for this was 82%, and nationally 85%. Of those asked, 88% of patients said the last appointment they got was convenient. The average score locally for this was 91%, and nationally 92%. In two areas that are

particularly important to patients, the practice scored highly. Of those asked, 80% of patients said they don't normally have to wait too long to be seen, whereas locally only 59% of patients said they didn't have to wait too long to be seen, with a similar average score nationally. And when patients were asked, 98% said they had confidence and trust in the last GP they saw or spoke to. The average score for this locally was 96%, and nationally 95%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the treatment they wished to receive. Patient feedback on the comment cards we received supported this. In evidence we gathered and reviewed on the process at the practice for obtaining consent, we could see that all interventions and referral to secondary care appointments (hospital) were fully explained and that in obtaining consent, the clinicians were happy that patients understood the care and treatment prescribed. Although the majority of patients at the practice spoke English, we saw that translation services were available for patients who required this.

Patient/carer support to cope emotionally with care and treatment

Notices in the patient waiting room and practice website advised 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. We were shown the written information available for carers to ensure they understood the avenues of support available to them.

Staff told us that if families had experienced bereavement their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

When observing staff in the reception area, we noted they were particularly caring in asking follow up questions when dealing with patients who were carers, or may have recently experienced bereavement. This was done in a friendly and unobtrusive manner. Staff provided information quickly to patients who requested it and made

Are services caring?

checks to reassure carers, for example, that medicines would be ready for collection from a local pharmacy, recognising the time pressures that carers faced. Patients we spoke to commented on the helpful and caring reception and administrative staff at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and services were developed to meet those needs. A good example of this was the continuing service to two local nursing and care homes. The practice had worked with the federation it was part of, to develop a detailed service level agreement with two local nursing and care homes it supported. This included the mentoring of staff in the care homes, to increase their knowledge on patient care and a weekly ward round at both homes.

The practice worked with other practices as part of a federation which enabled them to offer more services to its patient groups. As an example, the practice had signed up to CCG level initiative, supported by the federation. This was a 'step up / step down' service that provided intermediate care beds. This service was for older patients who required some additional support on leaving hospital, but would not be able to fully care for themselves if they were discharged to their home. Similarly, patients could be referred to the service if they needed some support when recovering from illness, but their condition did not merit admission to hospital.

The practice had delivered a paediatric clinic to meet the demands of parents. This was delivered between 5.00pm and 7.00pm each week night during the winter months. This clinic was well used by parents with children. As a result of this, the practice had bid for funding from the Prime Ministers Challenge Fund, to increase availability of appointments throughout the week, in addition to those provided as part of the extended hours service.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. For example, longer appointment times were available for patients with learning disabilities. Staff were aware of when a patient may require an advocate to support them and there was information on advocacy services available for patients.

The premises had been designed to meet the needs of people with disabilities. The practice was accessible to patients with mobility difficulties with all treatment and

consulting rooms at ground floor level. Toilets, breast feeding rooms and baby changing facilities were also fully accessible. There was a large waiting area with plenty of space for wheelchairs and prams. This made movement around the practice easier and helped to maintain patients' independence.

The practice had responded to feedback from the Deaf Support Network, who had conducted an audit of the practice on the accessibility of services for deaf people. The practice did this by removing screens at the reception desk which hindered communication for deaf patients, installing upgraded hearing loop equipment and having a dedicated mobile phone for deaf patients to text any queries to.

The practice provided equality and diversity training for all staff. Staff we spoke with confirmed that they had completed the equality and diversity training in the last 12 months and that equality and diversity was regularly discussed at staff appraisals and team events.

Access to the service

The practice is open between 8.00am and 6.30pm Monday to Friday. An extended hours' surgery is available on Monday evening each week, when appointments with a practice nurse or nurse prescriber are available from 6.30pm to 8.15pm. The practice had recently received funding to provide early morning appointments between 7:30 and 8:00am Monday to Friday, and late evening appointments on a Wednesday evening between 6:30 and 7.00pm. This will be in addition to the extended hours' service provided on a Monday evening.

Arrangements were in place to ensure patients received urgent medical assistance when the practice was closed. Patients knew how to access services when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Longer appointments were available for older patients, those experiencing poor mental health, patients with learning disabilities and those with long-term conditions. This also included appointments with a named GP or nurse.

Listening and learning from concerns and complaints

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

The practice has a system in place for handling complaints and concerns. Its complaints policy is in line with recognised guidance and contractual obligations for GPs in England and there is a designated responsible person who handles all complaints in the practice.

We saw that information was available to help patients understand the complaints system. This was set out in a patient information leaflet, which was written in plain English and easy to follow. We did note that the practice incorrectly advised in the leaflet that patients could make a complaint to the Care Quality Commission (CQC), about GP services. CQC does not deal with individual complaints about GP practices or other health and care providers, but

would use any information given to inform its risk profiling on providers of health care. The practice confirmed they could provide information in a number of formats to meet patients' needs, for example, larger print or in alternative languages. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We reviewed a number of complaints received by the practice in the last 12- 18 months. We saw that the majority of these were handled in accordance with the practice policy. Complaints were logged and reviewed so that any re-occurring themes could be spotted and addressed. Complaints were discussed at regular practice meetings and findings shared with staff.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice did not have a clear vision and strategy in place. The lack of a clear vision and direction for the practice meant that staff did not always work together. The practice had identified additional services it wished to provide in the future for patients, such as clinics in orthopaedics, dermatology and cardiology. Leaders engaged with other practices in the area to ensure it fully understood the needs of the practice population, seeing that any future development of the practice could be possible as part of a federation.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity, and we were able to review these as a part of our inspection. When we spoke to staff they were able to confirm that they had access to these policies and had received training updates in relation to some, for example, health and safety training and fire safety training. We did note that the recruitment policy required some updating. There was a clear leadership structure in place, with named members of staff in lead roles. For example, there was a lead nurse for infection control and a named partner was the lead for safeguarding. The practice had a whistleblowing policy which all staff were able to refer to. Staff we spoke with understood the term whistleblowing and described who they would take any concerns to outside the practice.

The practice manager took an active leadership role for overseeing that the systems in place to monitor the quality of the service were consistently being used and were effective. The included using the Quality and Outcomes Framework to measure its performance (QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). The QOF data for this practice showed it was performing in line with national standards, except for antibiotic prescribing, which was above the rate expected. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

There were processes in place to review patient satisfaction and action had been taken, when appropriate, in response to feedback from patients or staff.

Leadership, openness and transparency

The partners in the practice were visible and staff told us that they were approachable and took the time to listen to staff. The practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff reported that they felt well supported by the practice manager.

When we spoke with the practice partners, they were unable to describe a strategy for the future of the practice. There was no joint or agreed view of how the practice would work. The partnership was not united which made some working relationships difficult. Some efforts had been made to address this, but these fell short of bringing about a resolution. This hindered the development of future plans for the practice. Staff were aware of the lack of unity in the partnership which meant their own view of the future was unclear.

We saw an example of how poor working relationships within the partnership had affected the oversight of standards of care delivery. When this was brought to the attention of the practice, it was not accepted as a complaint or significant event. It was not shared more widely with leaders in order that they could respond, reflect and learn from the event. The lack of action by managers presented as an absence of clear leadership, openness and transparency.

Practice seeks and acts on feedback from its patients, the public and staff

We saw evidence that the practice had reviewed its' results from the national GP survey to see if there were any areas that needed addressing. The practice was actively encouraging patients to be involved in shaping the service delivered at the practice. The practice manager told us they had an active PPG. However, when a member of the PPG spoke to us about their involvement they told us the members hadn't actually met, that all communication was by email between individuals and the practice manager, and if they were a 'virtual' group, they'd never had any on-line meetings, web chats or video conferencing. When

Are services well-led?

Requires improvement 

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

we asked the practice about this we were told it was difficult for the group to meet as all members had other commitments, but that on-line meetings may be a solution to this problem.

The practice did produce a newsletter, and an annual patient participation report. This highlighted things that had been done in response to patient feedback, for example increased signage in the reception area on the availability of a private room for conversations with reception staff. The practice had also acted in response to feedback from the Deaf Support Network. This organisation had explained how small changes could be made to make the practice more user friendly. As a result changes were made to the layout of the reception area and new hearing loop equipment was purchased.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at five staff files and saw that regular appraisals took place. Staff told us that the practice was very supportive of training and that they had protected learning time. Nurses benefitted from meetings with other nurses across the locality and could access peer review through this group. The nurse clinician spoke very positively about the support they received from the GPs and that any training courses they identified as being beneficial, were provided.

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

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
**The practice failed to comply with regulation 19(3)(a)
The practice could not show that it had information specified in Schedule 3 in respect of a locum nurse.**

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance
17(2)(e) The practice failed to act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.
The practice leaders did not respond to and investigate concerns raised by a support worker, about the manner and way in which a GP acted towards a patient. Leaders failed to address relationships within the practice that impacted on the development and improvement of services.