

Bridgewater CHCFT The Willaston Surgery

Quality Report

Neston Road
Willaston
Neston
Merseyside
CH64 2TN
Tel: 01513274593
Website: <http://www.willastonsurgery.nhs.uk>

Date of inspection visit: 24th August 2016
Date of publication: 11/10/2016

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	12
Background to Bridgewater CHCFT The Willaston Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bridgewater CHCFT The Willaston Surgery on 24 August 2016.

Overall the practice is rated as good.

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

- There were systems in place to reduce risks to patient safety, for example, infection control procedures, medication management and the management of staffing levels. Evidence that the electric wiring installation for the premises was safe was not in place.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff were aware of procedures for safeguarding patients from the risk of abuse.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff felt well supported. They received training appropriate for their roles and an appraisal every 12 months.
- Patients were positive about the care and treatment they received from the practice. The National Patient Survey January 2016 showed that patients' responses about whether they were treated with respect, compassion and involved in decisions about their care and treatment were comparable to local and national averages.
- Services were planned and delivered to take into account the needs of different patient groups.
- The National GP Patient Survey results showed that patient's satisfaction with access to care and treatment was in line with or above local and national averages.
- Information about how to complain was available. There was a system in place to manage complaints.
- There were systems in place to monitor and improve quality and identify risk.

Summary of findings

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

- Ensure that the electrical wiring at the premises is safe.

The areas where the provider should make improvements are:

- Undertake a periodic analysis of significant events at a practice level to enable patterns and trends to be identified and any appropriate action carried out.
- Continue to improve the system for monitoring that adult patients with depression were receiving a review at the recommended frequencies following a new diagnosis.
- All staff should receive training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

- The induction records for clinical and non-clinical staff and the GP locum pack should provide greater detail to ensure staff are provided with the information they need.
- Review the protocol for incoming correspondence for clarity of what should be sent to the GPs for review and action.
- A planned programme of audits should be put in place.
- Information about how patients can make a complaint should include the contact details of NHS England and who complaints should be directed to at the practice.

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. An up to date inspection of the safety of the electrical installation at the premises had not been carried out. Periodic analysis of significant events at a practice level to enable patterns and trends to be identified and any appropriate action was not carried out. There were systems to protect patients from the risks associated with infection control and medicines management. Appropriate recruitment was carried out to ensure the suitability of staff for their roles. Safety events were reported, investigated and action taken to reduce a re-occurrence. Staff were aware of procedures for safeguarding patients from the risk of abuse.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Clinical staff referred to guidance from the National Institute for Health and Care Excellence (NICE). Clinical staff kept up to date in their specialist areas to ensure they were able to meet the needs of patients. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Audits of clinical practice were undertaken however a planned programme of audits was not in place. Improvements should be made to the induction records and the Locum GP pack should contain greater detail. A system for ensuring the regular appraisal of staff was in place. Staff told us they felt well supported and they had received training appropriate to their roles. Some staff had not received training in the Mental Capacity Act 2005. Published Quality and Outcome Framework (QOF) data 2014 -2015 showed there were areas where the practice was not performing as well as other practices locally and nationally. We reviewed data for 2015-2016 and found that improvements had been made to areas where shortfalls had been identified apart from reviews of patients with a new diagnosis of depression. A plan was in place to address this. There were systems in place to manage patient information, we found that improvements should be made to the protocol for managing incoming correspondence.

Good



Are services caring?

The practice is rated as good for providing caring services. We saw that staff treated patients with kindness and respect. Patients spoken with and who returned comment cards were positive about

Good



Summary of findings

the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Patients felt involved in planning and making decisions about their care and treatment.

Are services responsive to people's needs?

The practice is rated good for providing responsive services. Services were planned and delivered to take into account the needs of different patient groups. Access to the service was monitored to ensure it met the needs of patients. The practice had a system in place to suitably manage and respond to complaints made about the service. Information about how patients can make a complaint should include the contact details of NHS England and who complaints should be directed to at the practice.

Good



Are services well-led?

The practice is rated good for providing well-led services. The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. There were systems in place to monitor the operation of the service. Staff felt supported by management. The practice sought feedback from staff and patients, which it acted on. The practice had a focus on continuous learning and improvement.

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. Multi-disciplinary meetings were held to discuss and plan for the care of frail and elderly patients. The practice was working with neighbourhood practices and the Clinical Commissioning Group (CCG) to provide services to meet the needs of older people. The practice had provided an Early Visiting Service over the last two years. This had the aim of improving patient access to GP services, enabling quicker access to the resources needed to support patients at home where possible and reducing emergency admissions to hospital and the use of emergency services. The practice reported that accident and emergency attendance and emergency admissions were lower than the CCG average for 2015/2016 which demonstrated the success of this approach. The practice was also working with two other practices to set up more community led services, for example the practices were setting up a service for a practice nurse to visit elderly housebound patients to carry out medication reviews and health checks. Weekly visits were made to local nursing homes to review the needs of patients and respond to any health issues identified.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease and hypertension. This information was reflected in the services provided such as screening programmes and vaccination programmes. The practice had a system in place to recall patients for reviews of long term conditions. Alerts were placed on patient records to ensure same day access where necessary. Nurses made visits to housebound patients with long term conditions. Quality and Outcome Framework (QOF) data 2014-2015 showed there were areas where the practice was not performing as well as other practices nationally in the monitoring of some long term conditions. The practice was aware of these shortfalls and had taken action taken to improve the QOF results. We reviewed data for QOF for 2015/2016 and found that improvements had been made in all areas where shortfalls had been identified apart from reviews of patients with depression. The systems for monitoring that patients were receiving the health care checks they needed at the recommended frequencies needs to continue to ensure that there is an improvement to patient outcomes.

Good



Summary of findings

The nursing staff took the lead for different long term conditions and kept up to date in their specialist areas. Longer visits and home visits were made available as required. Patients were provided with a personalised care plan and there was a system in place to offer an annual review of patients with long term conditions. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives.

Families, children and young people

The practice is rated as good for the care of families, children and young people. Child health surveillance and immunisation clinics were provided. Appointments for young children were prioritised. The staff we spoke with had appropriate knowledge about child protection and how to report any concerns. The safeguarding lead liaised with the health visiting service, school nurses and midwives to discuss any concerns about children and how they could be best supported. Family planning and sexual health services were provided.

Good



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 practice offered pre-bookable appointments, book on the day appointments and telephone consultations. Patients could order repeat prescriptions and book some appointments on-line which provided flexibility to working patients and those in full time education. The practice was open from 8am to 6.30pm Monday to Friday allowing early morning and evening appointments to be offered to working patients and from 9am to 12pm on Saturdays and Sundays providing flexibility for patients unable to attend week day appointments. The practice had adjusted its services to meet the needs of patients by also offering weekend and evening drop in flu clinics. An extended hour's service for routine appointments and an out of hour's service were commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust. Patients were also able to access the out of hours service provided by Wirral Community NHS Trust. The practice website provided information around self-care and local services available for patients. The practice offered health promotion and screening that reflected the needs of this population group such as cervical screening.

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. Patients' electronic records contained alerts for staff regarding patients requiring additional assistance. For example, if a patient had a learning disability to enable appropriate support to be provided. The staff we spoke with had appropriate knowledge about adult safeguarding and how to report any concerns. The practice worked with health and social care services to support the needs of vulnerable patients. Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate services. A member of staff was the carer's link. The practice referred patients to local health and social care services for support, such as drug and alcohol services.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice ensured that patients diagnosed with dementia had their care reviewed annually and that patients experiencing poor mental health such as schizophrenia, bi-polar affective disorder and other psychoses had an agreed, documented care plan. The practice worked with two neighbourhood practices to ensure follow up of patients attending accident and emergency where they may have poor mental health. The practice referred patients to appropriate services such as psychiatry and counselling services. Clinical and non-clinical staff had undertaken training in dementia to ensure all were able to appropriately support patients. The QOF data for 2014-2015 showed the practice was performing in line with local and national averages in relation to mental health in most areas. However, the practice had scored significantly below the CCG average and national average in relation to reviews of patients with a new diagnosis of depression:-

Good



- The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, who had been reviewed between 10 and 56 days after diagnosis was 5% compared to the CCG average of 85% and the national average of 85%.

We spoke to the assistant general manager about this who advised that little improvement had been made in this area in 2015-2016 period. The practice was aware of this shortfall and had undertaken an analysis of a sample of patient records and found that reviews had taken place but were not recorded correctly. The practice had a

Summary of findings

plan in place to improve patient outcomes in this area by reviewing the records of all patients diagnosed with depression to determine if a review was needed, review the patient recall system for these patients and provide further training for staff around recording.

Summary of findings

What people who use the service say

Data from the National GP Patient Survey January 2016 (data collected from January-March 2015 and July-September 2015) showed that the practice was performing in line with or above local and national averages. The practice distributed 287 forms, 162 (56%) were returned which represents 3.7% of the total practice population.

The results showed:-

- 97% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%. 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 91% of patients found it easy to get through to this practice by phone compared to the CCG average of 71% and national average of 73%.
- 91% described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.
- 94% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 23 comment cards which were all positive about the standard of care received. Patients told us they felt listened to and that staff were kind and caring. The comment cards indicated that two patients felt there should be greater consistency in the GPs available at the practice, one said they had experienced delays in waiting times, one indicated a lack of privacy in the reception area, one said repeat prescriptions could be better managed and three indicated that parking was very limited.

We spoke with four patients during the inspection. Three were happy with the care they received. They said that a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns. One patient said that a repeat prescription had not been appropriately managed, there was a high number of locums working at the practice and that there had been a delay in accessing test results. Feedback from patients indicated they were able to get an appointment when one was needed, they could get through to the practice easily by telephone and that they were happy with opening hours.

The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results from May to July 2016 showed that 67 responses had been received and patients were either extremely likely or likely to recommend the practice to family or friends.

Areas for improvement

Action the service MUST take to improve

- Ensure that the electrical wiring at the premises is safe.

Action the service SHOULD take to improve

- Undertake a periodic analysis of significant events at a practice level to enable patterns and trends to be identified and any appropriate action carried out.

- Continue to improve the system for monitoring that adult patients with depression were receiving a review at the recommended frequencies following a new diagnosis.
- All staff should receive training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Summary of findings

- The induction records for clinical and non-clinical staff and the GP locum pack should provide greater detail to ensure staff are provided with the information they need.
- Review the protocol for incoming correspondence for clarity of what should be sent to the GPs for review and action.
- A planned programme of audits should be put in place.
- Information about how patients can make a complaint should include the contact details of NHS England and who complaints should be directed to at the practice.

Bridgewater CHCFT The Willaston Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Bridgewater CHCFT The Willaston Surgery

Bridgewater CHCFT took over the operational responsibility for The Willaston Surgery in July 2014. The practice is responsible for providing primary care services to approximately 4,331 patients. The practice is situated in Neston Road in Willaston, Cheshire. The practice is based in an area with lower levels of economic deprivation when compared to other practices nationally. The practice has a higher than average number of patients over the age of 65 and an about average number of patients with a long standing health condition when compared to other practices locally and nationally.

The staff team includes one full time and three part time salaried GPs, a practice nurse, a health care assistant, practice manager and administration and reception staff. Two GPs are female and two are male. The practice nurse and health care assistant are female. There is a vacancy for a full time GP which is currently being covered by locum staff.

The practice is open 8am to 6.30pm Monday to Friday and offers extended hours 9am to 12pm on Saturdays and Sundays. An extended hour's service for routine

appointments and an out of hour's service are commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust. Patients are also able to access the out of hour's service provided by Wirral Community NHS Trust. The practice is on two floors with access via the stairs to the first floor treatment room. Arrangements were in place to ensure patients unable to access the first floor were seen in a ground floor room. The practice has a small car park for on-site parking.

Bridgewater CHCFT has an Alternative Provider Medical Services (APMS) contract which means that the services offered are targeted to meet the healthcare needs of the locality. The practice offers a range of enhanced services including spirometry, minor surgery, anticoagulation and near patient testing.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We carried out an announced inspection on 24 August 2016. We sought views from patients face-to-face and reviewed CQC comment cards completed by patients. We spoke to clinical and non-clinical staff. We observed how staff handled patient information and spoke to patients. We explored how the GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

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 the time of inspection.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for identifying and reporting significant events. Staff spoken with knew how to identify and report a significant event. Records showed and staff told us that significant events were investigated and learning points from significant events were communicated to staff at team meetings and through emails. We looked at a sample of significant events and discussed a sample with staff which indicated that action had been taken to improve safety in the practice where necessary. A periodic review of all significant events across Bridgewater CHCFT was undertaken. This should also be carried out at practice level to ensure patterns and trends are identified and appropriate action can be taken as a consequence. For example, we identified that four significant events related to records management and although these incidents had been dealt with individually a more thorough analysis of why this issue has re-occurred may reveal the need for protocols to be further revised or staff training. There was a system in place for the management of patient safety alerts.

Overview of safety systems and processes

- Staff spoken with knew how to report any safeguarding concerns about children and vulnerable adults and they knew who had the lead responsibility for this at the practice. The practice had adult and child safeguarding policies and procedures for staff to refer to. The local authority procedures for safeguarding adults were not available for Wirral and a flow chart for adult safeguarding with local contact numbers was not available for staff to refer to. The local authority procedures for safeguarding children were not available for Wirral and Cheshire. Following our inspection we received confirmation that these had been made available. Alerts were placed on computer records to indicate any concerns about patients' welfare. The safeguarding lead GP liaised with the school health team, midwives and health visiting service to discuss any concerns about children and their families and how they could be best supported. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice was displayed in the waiting room and treatment rooms advising patients that a chaperone was available if required. The practice nurse, health care assistant and some reception staff acted as chaperones and they had received guidance about undertaking this role. A Disclosure and Barring Service (DBS) check had been undertaken for the staff who acted as chaperones. 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. The practice nurse was the infection control clinical lead and they liaised with the local infection prevention teams to keep up to date with best practice. There were infection control protocols in place for staff to refer to. Staff had received training in infection control. Infection control audits were undertaken and action had been carried out to address any improvements identified. There was one outstanding action from the audit for repair work to the cleaners' cupboard. A date to address this had been identified.
- Vaccines were securely stored, were in date and we saw the fridges were checked daily to ensure the temperature was within the required range for the safe storage of vaccines. The temperature check records showed the fridge had been outside the recommended range on two occasions in the last three months. There was a protocol to follow for this to ensure the safety of vaccines which was not followed on both occasions. Following on from this incident the responsibility for checking fridge temperatures had been limited to two staff to ensure the procedure was correctly adhered to.
- Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- We reviewed six staff personnel files, this included four staff employed by Bridgewater CHCFT and two locum GPs employed via a recruitment agency. Recruitment

Are services safe?

was undertaken by the human resources department for the Trust and all personnel files were held at the Trust headquarters. A service level agreement was in place with the agency that supplied locum GPs that indicated that all mandatory recruitment checks were undertaken. We saw a sample of this information to confirm this including references, DBS checks, identity checks, GMC registration and qualification checks. We requested the employment records of four staff employed by Bridgewater CHCFT and found that appropriate recruitment checks had been carried out.

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 displayed for staff to refer to. Regular checks were made of fire safety equipment. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice carried out risk assessments to monitor the safety of the premises. The practice also had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). An up to date inspection of the safety of the electrical installation at the premises had not been carried out.
- The practice treatment room was on the first floor. No lift was available and patients were advised to notify

reception if they required a consultation in a downstairs room and this was facilitated. An alert was also on patients' records indicating if they needed to be seen downstairs. A health and safety risk assessment had identified the access issues presented by the premises.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was one vacancy for a GP which was being covered by locum GPs. The practice had been recruiting for this position since December 2015 without success. The assistant general manager told us that this post had been re-advertised with amended terms and conditions to attract a suitable candidate.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Staff had received basic life support training. The practice had a defibrillator and oxygen available on the premises which was checked to ensure it was safe for use. There were emergency medicines available which were all in date, regularly checked and held securely.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. All relevant staff had access to this plan to ensure a timely response in the event of an emergency.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff we spoke with told us they used best practice guidelines to inform their practice and they had access to National Institute for Health and Care Excellence (NICE) guidelines on their computers. Bridgewater CHCFT provided updates to staff on any new or changes to protocols that would impact on the assessment of patient needs. GPs, the practice nurse and health care assistant attended training and educational events provided by the Clinical Commissioning Group (CCG) and Bridgewater CHCFT. A weekly clinical meeting was held where clinical staff could discuss new protocols and review any patients with complex needs. A GP we spoke with confirmed they used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital to ensure an appointment was provided within two weeks. Reviews took place of prescribing practices to ensure that patients were provided with the most appropriate medications.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and 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. Current results (data from 2014-2015) showed the practice had achieved 81% of the total number of points available which was below local (96%) and national (95%) averages. QOF results showed that the practice was performing in line with other practices nationally for the monitoring of conditions such as hypertension, cervical screening, epilepsy, reviews of health needs of patients with a learning disability, atrial fibrillation, asthma and for palliative care, for example:-

- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 80% compared to the CCG average of 79% and the national average of 77%.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 77% compared to the CCG average of 73% and the national average of 75%.

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 81% compared to the CCG average of 83% and the national average of 80%
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 96% compared to the CCG average of 89% and the national average of 90%.

The data showed that the practice was below local and national averages in the management of chronic obstructive pulmonary disease (COPD), depression, heart failure, osteoporosis and coronary heart disease. For example:-

- The percentage of patients with COPD who had had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 69% compared to the CCG average of 89% and the national average of 90%.
- In those patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction who are currently treated with an ACE-I or ARB, the percentage of patients who are additionally currently treated with a beta-blocker licensed for heart failure was 50% compared to the CCG average of 94% and the national average of 93%.
- The percentage of patients with a history of myocardial infarction currently treated with an ACE-I (or ARB if ACE-I intolerant), aspirin or an alternative anti-platelet therapy, beta-blocker and statin was 71% compared to the CCG average of 97% and the national average of 97%.

The practice was aware of the shortfalls in these areas and the assistant general manager informed us of the action taken to improve the QOF results. The systems for ensuring patients had their conditions reviewed had been improved through a revised re-call system, staff education and improving patient awareness. Monthly reviews of QOF targets by the assistant general manager and practice manager had been introduced. The practice had also identified an issue with the coding and recording of some patient reviews which had affected the scores achieved. This had been subsequently addressed through staff

Are services effective?

(for example, treatment is effective)

training. We reviewed data for QOF for 2015/2016 and found that improvements had been made in all areas where shortfalls had been identified apart from reviews of patients with depression. The practice was aware of this shortfall and had a plan to address this to ensure patients benefitted from timely reviews.

The practice had carried out audits that demonstrated quality improvement. We saw medication audits which indicated changes had been made to patient's medication as a result. The GP we spoke with told us that the findings from audits were shared across the clinical staff team. There was no planned programme of future audits to be undertaken which would assist with monitoring the quality of the service.

Staff worked with other health and social care services to meet patients' needs. The practice had multi-disciplinary meetings to discuss the needs of patients with complex and palliative care needs. Clinical staff spoken with told us that frequent liaison occurred outside these meetings with health and social care professionals in accordance with the needs of patients.

Effective staffing

- The practice provided an induction for newly appointed clinical and non-clinical members of staff. We spoke to a recently appointed administrative member of staff who told us they had received sufficient guidance for their role. The records of induction for an administrative member of staff were seen. This covered health and safety and employment information but did not cover role specific knowledge needed such as sending a task or managing a prescription. Records of induction for clinical staff indicated that further detail was needed to demonstrate that staff had been given sufficient information for their clinical roles. We were unable to speak with any newly recruited clinical staff on the day of our visit but were informed that clinical and administrative staff shadowed a member of staff in a similar role to familiarise themselves with the procedures and systems in operation at the practice.
- The practice had a vacancy for a GP which was being covered by locum staff. We were informed that locums were verbally provided with information about how the service operated. Brief written information was provided to locums that included the roles and responsibilities of staff at the practice, fire safety and location of

emergency equipment and where to send blood results. This directed locums to the policies and procedures for the practice on the Bridgewater CHFCT internet. More detailed information should be made available to locums giving contact telephone numbers of health and social care services, essential safety procedures such as safeguarding and reporting significant events and the procedures to follow to perform tasks such as sending for blood tests and making referrals.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us they felt well supported and had access to appropriate training to meet their learning needs and to cover the scope of their work. This included appraisals, mentoring and facilitation and support for the revalidation of doctors. A system was in place to ensure all staff had an annual appraisal.
- Staff training records were held at the headquarters for Bridgewater CHFCT. We reviewed a sample of training records and spoke to staff about their training and development. This indicated that staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Role specific training was provided to clinical and non-clinical staff dependent on their roles. There was a programme of on-going training and protected learning time to ensure staff kept up to date with their training needs.

There was a system in place to ensure locum GPs had completed mandatory training such as basic life support and safeguarding.

Coordinating patient care

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

Are services effective?

(for example, treatment is effective)

was sent to the GP for review and what was filed on patient records. Although we found that appropriate action was being taken the criteria for deciding what was sent to the GP was unclear in the protocol we reviewed.

Consent to care and treatment

We spoke with clinical staff about patients' consent to care and treatment. We found that when providing care and treatment for children and young people, assessments of capacity to consent were carried out in line with relevant guidance. Staff had received guidance about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. However, not all clinical staff had received formal training in this area.

Supporting patients to live healthier lives

The practice offered national screening programmes, vaccination programmes, children's immunisations and

long term condition reviews. Health promotion information was available in the reception area and on the website. The practice had links with health promotion services and recommended these to patients, for example, smoking cessation, alcohol services, weight loss programmes and exercise services.

New patients completed a health questionnaire and were asked to attend a health assessment with the practice nurse.

We looked at the childhood immunisation rates which were held at the practice. This indicated that a high percentage of the eligible patient population had received their immunisations. There was a system to ensure that any missed immunisations were followed up with parents or the health visitor.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations to promote privacy. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received. Patients told us they felt listened to and that staff were kind and caring. One patient there was a lack of privacy at the reception area when talking with reception staff.

We spoke with four patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy.

Data from the National GP Patient Survey January 2016 (data collected from January-March 2015 and July-September 2015) showed that patients responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were comparable to local and national averages for example:

- 96% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 95% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 91% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 90% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.

- 91% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 99% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 93% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

The assistant general manager and practice manager reviewed the outcome of any surveys undertaken to ensure that standards were being maintained and action could be taken to address any shortfalls.

Care planning and involvement in decisions about care and treatment

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

Data from the National GP Patient Survey January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were comparable to local and national averages, for example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 93% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 87% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 85% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. For example, there were translation and interpreting services available.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations. Information about support groups was also available on the practice website. Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement.

Written information was available to direct carers to the various avenues of support available to them. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 31 patients as carers (approximately 0.7% of the practice list). As a result the Carers Trust had provided these carers with information about support groups and referred them on to support services. The practice was working to identify further carers to ensure they had access to the support services available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice offered a range of enhanced services such as spirometry, minor surgery, anticoagulation and near patient testing. The practice was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. The practice had provided an Early Visiting Service over the last two winter periods. This had the aim of improving patient access to GP services, enabling quicker access to the resources needed to support patients at home where possible and reducing emergency admissions to hospital and use of emergency services. The practice reported that accident and emergency attendance and emergency admissions were lower than the CCG average for 2015/2016 which demonstrated the success of this approach. The practice was also working with two other practices to set up more community led services, for example the practices were setting up a service for a practice nurse to visit elderly housebound patients to carry out medication reviews and health checks.

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

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

- Urgent access appointments were available for children and for any patients with medical needs that required a same day consultation.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- The practice nurse supported patients over the age of 75 which included undertaking home visits if they were unable to attend for reviews and appointments.
- The practice offered weekend and evening drop-in flu clinics.
- There were longer appointments available for patients who needed them, for example, for patients with a learning disability.
- Patients were able to receive travel vaccinations.

- The three neighbourhood practices hosted consultant led clinics for ease of access for local patients. These included consultant led clinics for patients with atrial fibrillation, diabetes, cardiac and psychiatric conditions.
- Translation services were available if needed.
- The staff had received training in dementia awareness to assist them in identifying patients who may need extra support.
- The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives.
- Reception staff sign posted patients to local resources such as Pharmacy First (local pharmacies providing advice and possibly reducing the need to see a GP) and the Physio First service (this provided physiotherapy appointments for patients without the need to see a GP for a referral).

Access to the service

Appointments could be booked in advance and booked on the day. Appointments could be booked up to two weeks in advance. Patients could book appointments in person, via the telephone and some appointments could be booked on-line. Repeat prescriptions could be ordered on-line or by attending the practice.

The practice was open from 8am to 6.30pm Monday to Friday allowing early morning and evening appointments to be offered to working patients and from 9am to 12pm on Saturdays and Sundays providing flexibility for patients unable to attend week day appointments. An extended hour's service for routine appointments and an out of hour's service were commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust. Patients were also able to access the out of hour's service provided by Wirral Community NHS Trust.

Results from the National GP Patient Survey from January 2016 (data collected from January-March 2015 and July-September 2015) showed that patient's satisfaction with access to care and treatment were comparable to or above local and national averages. For example:

- 97% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG

Are services responsive to people's needs?

(for example, to feedback?)

average of 87% and the national average of 85%. 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.

- 91% of patients gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' compared to the CCG average of 71% and national average of 73%.
- 91% described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.
- 76% of patients were usually able to see or speak to their preferred GP compared to the CCG average of 58% and the national average of 59%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards. Patients told us they were able to see a clinician as needed. Two patients felt there should be greater consistency in the GPs available at the practice, one said they had experienced delays in waiting times, one said repeat prescriptions could be better managed and three indicated that parking was very limited.

We spoke with four patients during the inspection. Three were happy with access to the practice and said they were able to get through to the practice by telephone, could make an appointment that was convenient to them and that they were happy with opening hours. One patient said that a repeat prescription had not been appropriately managed, there was a high number of locums working at the practice and that there had been a delay in accessing test results.

The practice manager and partners reviewed the outcome of any patient feedback through surveys and the Patient Participation Group (PPG) and were aware of areas where improvements were needed. They had planned for a speaker to talk to the PPG about the electronic prescribing system, had advertised for a salaried GP and were working with clinical staff to improve waiting times.

The practice had a system in place to assess 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.

Listening and learning from concerns and complaints

There was a written complaints procedure for Bridgewater CHCFT for patients to refer to which was available at the practice. Details of how to complain were in the patient information leaflet and on the practice website. The information available provided details of the timescale for acknowledging and responding to the complaint and of who the patient should contact if they were unhappy with the outcome of their complaint. The information available did not include the contact details of NHS England and who complaints should be directed to at the practice.

The practice kept a record of written complaints. We reviewed a sample of complaints received within the last 12 months. Records showed they had been investigated, patients informed of the outcome and action had been taken to improve practice where appropriate. The records showed openness and transparency in dealing with the complaints.

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

Bridgewater CHCFT had a mission statement to improve local health and promote the wellbeing of the communities it delivers services to. It also had clear values and strategic objectives which included delivering high quality, safe and effective care and to be an effective organisation with empowered, skilled and competent staff. The mission statement, values and objectives were displayed for patients to refer to. Staff spoken with were familiar with the mission statement, values and objectives of Bridgewater CHCFT.

Governance arrangements

There was a clear staffing structure and that staff were aware of their own roles and responsibilities. There were clear systems to enable staff to report any issues and concerns.

The practice had a number of policies and procedures in place to govern activity and these were available to staff electronically. The practice had systems in place for identifying, recording and managing risks. We looked at a sample of significant events and found that action had been taken to improve safety in the practice where necessary. We found that periodic analysis of significant events at a practice level was not being carried out which would enable patterns and trends to be identified and any appropriate action to be taken.

Staff had access to appropriate support. They had annual appraisals, opportunities to meet as a team and access to the training they needed for their roles.

The practice had completed clinical audits to evaluate the operation of the service and the care and treatment given. There was no planned programme of future audits to be undertaken which would assist with monitoring the quality of the service.

The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. As already indicated, the published QOF results for 2014-2015 were below local and national averages in some areas, improvements had been made which was reflected in unpublished QOF data for 2015-2016. Improvements continued to be needed in the

management of reviews of patients with depression. The practice was aware of this shortfall and had a plan to address this to ensure patients benefitted from timely reviews.

Leadership and culture

Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings or as they occurred with the practice manager. Staff said they felt respected, valued and supported.

Meetings took place to share information, look at what was working well and where any improvements needed to be made. The practice closed one afternoon per month which allowed for learning events and practice meetings. Clinical and non-clinical staff had meetings to review their roles and keep up to date with any changes. Arrangements were in place to update colleagues unable to attend these meetings. The practice manager and assistant general manager met to look at the overall operation of the service and future development.

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

The practice encouraged and valued feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met 6 times a year and submitted proposals for improvements to the practice management team. We spoke to one member of the PPG who said they felt they were listened to and changes had been made to the practice as a consequence. They made some recommendations about information sharing which were brought to the attention of the practice manager and area manager.
- The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results from May to July 2016 showed that 67 responses had been received and patients were either extremely likely or likely to recommend the practice to family or

Are services well-led?

Good 

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

friends. The practice had attached some additional questions for patients to the Family and Friends test to gauge satisfaction with the service and used this to monitor the service provided on a monthly basis.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice team was part of local pilot schemes to improve outcomes for patients in the area. The practice was working with neighbourhood practices and the CCG to provide services

to meet the needs of older people. For example, the practice had provided an Early Visiting Service over the last two years. This had the aim of improving patient access to GP services, enabling quicker access to the resources needed to support patients at home where possible and reducing emergency admissions to hospital and use of emergency services. The practice was also working with two other practices to set up more community led services, for example the practices were setting up a service for a practice nurse to visit elderly housebound patients to carry out medication reviews and health checks.

Bridgewater CHCFT had a development plan in place and a development plan specifically for The Willaston Surgery. This was continually reviewed throughout the year by senior management. This included areas identified for improvement such as the premises, staffing and any shortfalls arising from survey results.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises (1) All premises and equipment used by the service provider must be – (e) properly maintained
Family planning services	
Surgical procedures	
Treatment of disease, disorder or injury	