Heath Lane Medical Centre

Quality Report

Heath Lane
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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.

Summary of findings

Contents

Summary of findings

Overall summary

Heath Lane Medical centre provides general medical services from a purpose built health centre conveniently located near a main road and served by a bus route. The health centre is open from 8am to 6:30pm Monday to Friday inclusive and is closed at the weekend.

The practice is registered with the Care Quality Commission (CQC) to provide the following regulated activities:-

- Diagnostic and Screening
- Family Planning
- Maternity and midwifery services
- Treatment of disease, disorder and injury
- Surgical Procedures

We spoke with GPs, various staff, patients and the relatives of patients during our inspection. Patients we spoke with and who completed our comment cards told us they were happy with the services they received. We saw the service was provided in premises which were well maintained and clean.

There are systems in place which ensured the safety of patients. They include learning from occurrences, experiences and events and include the safe use of any medicines administered on site. Data demonstrates the service is effective in meeting the wide ranging needs of patients. Systems are in place to monitor the quality of care given to patients. Management control systems, also known as 'governance', are in place and included those for the management of clinical risk.

Patients told us they felt actively involved in discussions about their own health care and about the treatment options available to them. We saw patients being spoken to with sensitivity and respect by all staff during the course of the inspection. All staff have access to health care equipment, guidance and training. Staff received adequate information about the patient to support clinical decisions and effectively respond to those in urgent need.

Staff described the service as well led and we saw that the leadership team was very visible. Staff at all levels told us they felt supported and information was routinely shared with them either by email and / or through face to face meetings. We saw records to show that new members of staff were properly inducted and checked for suitability and safety to work in their given role.

The practice works collaboratively with other health and social care agencies. It has a clear vision and set of values which are understood by staff and referenced on the website.

The practice is responsive to patient feedback and has an established a patient participation group (PPG).

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Patients were protected from harm and abuse because relevant and effective policies and procedures were in place and monitored which enabled healthcare staff to recognise and act on any event or incident and lessons learned were shared with all staff. The provider had systems in place to safeguard vulnerable patients from the risk of harm and staff had received training relevant to their role. The premises were clean and well maintained. Effective monitoring systems were in place to provide oversight of the basic safety of the building. The medicines were stored and administered properly. Patients were supported by practice staff, which were able to ensure patients received appropriate treatment and support.

Information from NHS England and the Clinical Commissioning Group (CCG) indicated that the practice had a good track record for maintaining patient safety.

Are services effective?

Care and treatment was delivered in line with current good practice. Patients' needs were identified, actions were taken to meet these needs and where necessary referrals to hospital based services were made in a timely manner. We saw evidence that healthcare professionals obtained patients' consent to treatment. The team made effective use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff.

The practice offered all staff annual appraisals to review performance at work and identify development needs for the coming year.

Are services caring?

The 15 patients we spoke with and 11 patients who responded to us by completing and returning our Care Quality Commission (CQC) comment cards were positive and complimentary about the services and how they were provided. Comments referred to the staff at Heath Lane Medical Centre as being kind, compassionate, polite and nice. Patients said that they were treated with dignity and respect. The provider had set up an effective Patient Participation Group (PPG). The practice was actively encouraging new members to join. We met with representatives from this group who told us they were involved in contributing to the continuing development of patient centred approaches to care.

Summary of findings

Staff told us that they were aware of the importance of providing privacy to patients at all times. We saw that patients were taken into a vacant room when they wished to discuss something in private with a member of staff.

Are services responsive to people's needs?

The provider had a clear complaints policy and we saw documentation recording responses to complaints, concerns and comments about the service.

We saw that the provider had a business plan in place for 2014 which set goals and objectives including to deliver excellent care and to identify any ways in which clinical and non clinical care could be improved and which recognised new initiatives and responding to patient satisfaction information.

The practice had made adjustments to meet the needs of patients including providing baby changing facilities and wheelchair access to ground floor consultation and treatment rooms. Staff knew about how to access interpreter services for patients who did not have English as their first language. The premises were accessible by wheelchair users. The practice was responsive to patient feedback and patient survey using the patient participation group (PPG).

Are services well-led?

The leadership team was visible, effective and had a clear vision and purpose. Management control systems, sometimes called 'governance', were in place and there was a strong system in place for monitoring and managing risks.

Staff told us that they felt appropriately trained and supported to do their job. We saw records which showed new members of staff were properly inducted, checked for suitability and safety to work in their given role.

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

Older people said that people working at the medical centre were nice, kind, polite and compassionate. Care and treatments were in line with good practice and the practice worked in collaboration with other health services and agencies to provide safe and effective services, care and support.

A variety of information about the range of services was available to carers. Older people were well represented on the patient participation group (PPG). The services were delivered and monitored by a visible leadership team who were committed to improving services.

An effective dementia screening regime had been introduced. This ensured that older people had timely and appropriate referral.

People with long-term conditions

People with long term conditions were supported by a healthcare team. The team were knowledgeable about the number and overall healthcare needs of people with long term conditions. Patients were cared for in keeping with good practice guidelines and the healthcare team was attentive to patients' needs as they changed. Healthcare professionals were skilled in specialist areas and their ongoing education meant that they were able to ensure best practice was being followed.

Patients' voices were listened to and the services were delivered and monitored by a visible leadership team who were committed to improving services.

Mothers, babies, children and young people

Mothers, babies, children and young people were supported by a multi-disciplinary healthcare team which cared for people in keeping with good practice guidelines and which were attentive to patients' needs as they changed. There were screening and vaccinations programmes in place and these were managed in order to support patients.

There was a GP lead for safeguarding and child protection. There was a system in place to monitor any non-attendance of babies and children at vaccination clinics. The practice worked in close collaboration with the community health visiting team.

Summary of findings

The practice was successful in seeking to offer an increased range of support to teenagers and young adults. Chlamydia screening had been introduced and chlamydia testing kits were freely available.

The working-age population and those recently retired

The working-age population and those recently retired were able to receive safe services provided in line with all relevant good practice guidelines. Patients told us the practice was friendly and that staff communicated well. This was reflected in the patient survey. Services were delivered and monitored by a management team who wanted to maintain a process of continual improvement of services.

The practice provided a range of services for patients to consult with GPs and nurses, including telephone consultations, but some patients told us that they had to wait for an appointment.

People in vulnerable circumstances who may have poor access to primary care

All staff knew about measures to be taken to ensure the safeguarding of vulnerable adults. Staff had access to the local authority's contact and procedural arrangements. Healthcare professionals had received safeguarding training in the last year.

The services were sensitive to the challenges faced by the few people in this population group and patients described the practice as good. The practice had arrangements in place for longer appointments to be made available where very vulnerable people's conditions required it.

People experiencing poor mental health

People who experienced mental health problems were able to access safe services provided in line with all relevant good practice guidelines. The practice maintained a register of patients who experienced mental health problems. The register supported clinical staff to offer patients an annual appointment for a health check and a medication review. Services were age appropriate and sensitive to the challenges faced by people in this population group and patients described how the practice offered a good service.

The GPs worked closely with other services to review and share care with specialist teams. The practice was very committed to supporting people with mental health needs. This was a long standing commitment to patients as evidenced by a mental health network established as long ago as 1996. Also, good in house training was available to both new staff and to refresh current staff practice to ensure necessary referrals.

Summary of findings

What people who use the service say

We spoke with 15 people in the course of the inspection and we received 11 completed Care Quality Commission (CQC) comment cards. Nine comment cards were positive. Two comments were negative. One comment related to general dissatisfaction, the other claimed that home visits were almost impossible to obtain

The nine positive comments cards all complimented the staff or team; five highlighted that they found the service to be caring and two said that they were pleased with the ease of obtaining appointments.

The practice also made available an undated letter which they had received around the time of the inspection which was very positive and complimentary about the practice and the high standard of care received.

Comments we received in person in the course of inspection also related to patients wishes to make an appointment beyond the two week window available to them.

The patient participation group (PPG) spoke very highly of the practice and of the openness and support it received from the practice.

NHS choices survey, results for the national Patients Survey, stated that 76% of patients would recommend their GP surgery, 73.1% of patients rated their ability to get through on the phone as very easy or easy, 73.9% of patients rated their experience of making an appointment as good or very good and 69.9% was the score given for opening hours. There was a score of 85.3% of patients who rated the practice overall as good or very good.

Areas for improvement

Action the service COULD take to improve

The feedback from patients suggested that they wanted to be able to book an appointment with the doctor more than two weeks in advance. Some patients said they would like to be able to use an on line booking system if that was possible.

At the time of the inspection there was a refurbishment plan in place to develop the room in which minor surgery took place. The doctor's scrub up sink was not fitted with elbow taps which would be considered as best practice. We consulted with the practice who then stated that they were considering early action to address this. The room had soft furnishings which meant there was a limit to the impervious surfaces to clean and therefore presented greater challenges to maintain a clinical standard of cleanliness. This was discussed with the practice. At the time of inspection, the minor surgeries room was also hired out to a third party dermatologist. There was also an area of the room that was used for storage. If minor surgeries were to take place an improved clearing regime was needed for this room.

Not all clinical staff were always able to attend every meeting. Minutes of meetings were taken but did not record those present and absent. Minutes were made available on the intranet but not specifically circulated to the clinical team so all staff were not aware of any changes or decisions that were communicated at the meetings.

Heath Lane Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP and the team included a supporting CQC inspector, a Practice Manager and an Expert by Experience that is a person who uses services.

Background to Heath Lane Medical Centre

Heath Lane Medical Centre opened in 1995 and there is car parking available and easy access to the practice for people with disabilities. Three male, two female GPs, one female nurse practioners, two practice nurses two healthcare support workers, one practice manager and a team of administrative and reception staff.

On the ground floor there are five consulting rooms, three practice nurse rooms, a treatment room and a minor surgery room. There are also rooms used by a Counsellor and Phlebotomist. Baby changing facilities and a disabled person's WC were sited off the waiting area. An independently run pharmacy is also located on site. Practices in West Cheshire also participate in an evening and weekend pre-bookable GP surgery at The Countess of Chester Healthpark in the 1829 building which is also used as an out of hours service.

The service is responsible for providing primary care to more than 7,000 patients and reported to the NHS West Cheshire Clinical Commissioning Group.

Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

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

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problem.

Before visiting, we reviewed an extensive range of information we had received from the service. We looked at looked at the practice's policies, procedures and a range of audits. We also asked other organisations to share their

Detailed findings

information about the service. We reviewed other publically available information. We also reviewed 11 CQC comment cards where patients and members of the public shared their views and experiences of the service.

We carried out an announced visit on 28 May 2014 between 8:30am and 6:15pm.

During our visit we looked carefully at the premises. We spoke in detail with a range of staff working at the practice which included GPs, the registered manager, the practice manager, receptionists, and nurses. We also spoke with visiting healthcare professionals and we spoke with 15 patients who used the service. We also met with patients who formed part of the Patient Participation Group (PPG).

Are services safe?

Summary of findings

Overall the services provided were safe.
Patients were protected from harm and abuse because relevant and effective policies and procedures were in place and monitored which enabled healthcare staff to recognise and act on any event or incident and lessons learned were shared with all staff. The provider had systems in place to safeguard vulnerable patients from the risk of harm and staff had received training relevant to their role. The premises were clean and well maintained. Effective monitoring systems were in place to provide oversight of the basic safety of the building. The medicines were stored and administered properly. Patients were supported by practice staff, which were able to ensure patients received appropriate treatment and support.

Information from NHS England and the Clinical Commissioning Group (CCG) indicated that the practice had a good track record for maintaining patient safety.

Our findings

Safe Patient Care

We spoke with patients who used the services who told us they felt safe and /or had confidence in the GPs and / or nurses. They did not raise with us concerns about their safety.

There were effective arrangements in place for reporting safety incidents and allegations of abuse which were in line with national and statutory guidance.

There were clear accountabilities for incident reporting, and staff we spoke with could describe their role in the reporting process. Information regarding outcomes from any incidents or occurrences were cascaded to staff via staff meetings.

Learning from Incidents

We reviewed how the practice managed serious or significant incidents. Records showed the system in place was managed in line with guidance issued by the national patient safety agency (Seven Steps to Patient Safety in General Practice). The practice carried out significant event analysis (SEA).

We looked at the significant event analysis (SEA) protocol and data base and an example of SEA audits which were carried out at the practice and found where necessary a more robust investigation (root cause analysis) was carried out. Findings and improvements necessary from significant events were cascaded to staff via training and staff meetings. The staff we spoke with at the practice told us they were encouraged to raise concerns and had received feedback from any incidents they reported. The provider showed us where necessary patients were also informed of the outcomes of the incident.

The practice shared information from the SEA audits with the National Reporting and Learning Service, the Clinical Commissioning Group and other local practices in order that lessons could be shared to promote patient safety. We found the practice had acted on external recommendations from other agencies such as the Medicines and Healthcare products Regulatory Agency (MHRA).

Safeguarding

Before the inspection, the practice supplied us with their policies in place for the safeguarding of vulnerable adults

Are services safe?

and children. We reviewed the policies and found they were comprehensively descriptive of the different forms of abuse which could occur and what staff should do if they did suspect abuse.

The practice had a named GP safeguarding lead who told us how the practice monitored and reviewed children on the 'at risk register'. We found doctors attended when they could, multi-disciplinary child protection meetings and provided relevant information when requested in a timely manner. There was a system in place to monitor vulnerable children and to ensure appropriate information was shared. This meant vulnerable patients were receiving coordinated care, support and monitoring from other professionals involved in their care and treatment.

Staff had received training both at induction and as part of a continuous training programme to ensure they were kept up to date and demonstrated that they understood procedures.

We spoke with staff about whistleblowing procedures and they confirmed they would raise issues with the practice manager and were very confident they would be listened to. All staff had access to a staff handbook which contained the whistle blowing policy.

Monitoring Safety & Responding to Risk

We saw the reporting mechanisms the practice had in place to deal with significant events – clinical and non clinical. We saw there had been appropriate investigations and actions taken to prevent reoccurrences. We saw staff meeting minutes which demonstrated the practice shared this information with staff members.

We spoke with staff and we saw evidence that staff had been trained in how to deal with medical emergencies which included resuscitation. This showed to us that patients could be reassured that if there was a medical emergency the provider had sufficiently trained staff to deal with the situation.

Registered providers must notify the Care Quality Commission (CQC) of certain events or occurrences. We spoke with the registered and practice managers who knew of their requirements to notify CQC this included any changes, certain events and incidents which would affect the service. We found the practice was aware of these requirements.

The practice had staffing contingency plans in place for potentially busier periods. This involved occasionally bringing in temporary and locum staff when necessary.

Medicines Management

We looked at the arrangements in place for medicines management and spoke to the prescribing lead GP and medicines manager. We saw minutes of the medicines management meetings and we saw that there were standard operating procedures in place for using certain medicines to help ensure all clinical staff followed the same procedures.

There was a limited amount of medicines stored in the practice and we saw evidence that all medicines were checked for their expiry dates provided by the manufacturers which ensured their effectiveness.

We saw the practice had a designated fridge for the storage of certain medications and vaccinations. The practice had installed a system for monitoring the fridge temperatures twice daily to ensure the medicines were stored in accordance with the manufacturer's instructions. One of the practice nurses told us they monitored that temperatures recorded and were within the manufacturer's guidance for the storage of vaccines. We checked the temperature logs and could see that the fridge temperatures recorded had between 2-8 degrees Centigrade. This ensured that the medications had been stored at a suitable temperature range to ensure that the properties of the drugs were not adversely affected and therefore safe for clinical use.

Information gained from the service website indicated patients could request repeat prescriptions on line.

There was a controlled drugs policy for prescriptions; these were kept separately from standard prescriptions. Controlled medicines were not kept on site. Clinicians confirmed to us that in their experience such prescription guidelines were adhered to.

Prescribing was monitored by a lead GP and such prescribing was within budget and consistent within current guidelines. Medicine management meetings were held and recorded.

Cleanliness & Infection Control

We saw that the medical centre was visibly clean and tidy. The large patient waiting area was light and clean.

Are services safe?

We looked at consulting rooms and these were clean with soap, water and hand sanitising liquids provided. The wall mounted dispensers had embossed into them written and pictorial information which promoted good hand hygiene.

There were sufficient quantities of gloves and aprons and the consulting couches had paper rolls protecting them. There were appropriate procedures in place to protect staff and patients from dangers associated with sharp equipment such as needles. The clinical waste bins were stored correctly and out of the reach of children.

We spoke with staff who told us they were trained in infection control. We saw evidence of audits for cleaning, infection prevention and control and saw where areas of improvement had been identified. The audits included timescales to complete the improvements. We saw evidence of how and when the clinical waste was disposed of.

Staffing & Recruitment

We saw evidence of references being requested and recorded notes made from interviews, together with employment summaries or curriculum vitae (CVs) and proof of identity. Staff we spoke with agreed that the recruitment process was thorough.

All staff were subject to checks to assess their suitability to work with vulnerable people and staff told us they had complete an induction course when they took up their post. We saw evidence of the induction course and their attendance and Disclosure and Barring Service (DBS) checks had been carried out as necessary.

Dealing with Emergencies

We saw documents which detailed an audit process. We saw certificates to verify the GPs, staff and nurses had received training for basic life support.

We reviewed the business continuity plan for the practice. The plan identified effective management plans for dealing with potential foreseeable risks. This ensured systems were in place to monitor the safety and effectiveness of the service in the event of a national or localised incident to reduce the risk of patients coming to harm.

Equipment

We checked the emergency drugs, defibrillator and oxygen. We saw evidence that these were checked on a regular basis and these checks were recorded and the records kept.

Suitable medical equipment was in place. We saw that this had been properly maintained and serviced and the equipment was accessible and stored safely. Staff had received documented training in order to be able to use the equipment at the practice.

The practice had contracts in place to ensure safety checks of equipment such as fire fighting equipment and the calibration of medical equipment and carried out the testing of portable electrical appliances and water for legionella precautions.

Are services effective?

(for example, treatment is effective)

Summary of findings

Care and treatment was delivered in line with current good practice. Patients' needs were identified, actions were taken to meet these needs and where necessary referrals to hospital based services were made in a timely manner. We saw evidence that healthcare professionals obtained patients' consent to treatment. The team made effective use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff.

The practice offered all staff annual appraisals to review performance at work and identify development needs for the coming year.

Our findings

Promoting Best Practice

The practice used a duty doctor system on each day. A GP acted as duty doctor for the day and they undertook a telephone triage of all emergency calls from patients, performed home visits when necessary and undertook some practice based patient consultations.

Clinical staff used evidence based sources of information such as the National Institute for Health Care Excellence (NICE). For complex conditions the GPs had well established access to hospital consultants. Close contact with other agencies helped to ensure patients were given the best opportunities to experience 'joined-up' health and social care. Clinicians completed and were responsible for patient notes.

Clinics and services offered at the surgery included:-

Cervical screening, contraceptive services, vaccinations and immunisations, child health surveillance, anticoagulation monitoring, blood pressure monitoring, near patient testing, joint injection clinic, dressings and wound checks, mental health reviews, new patient medicals, well man and well women checks, dermatology clinic, Asthma, Chronic Obstructive Pulmonary Disease(COPD), Diabetic, Heart, and Kidney disease. These promote best practice by ensuring patients had access to specific care and services suitable to their needs by using a pro-active approach to services.

Practice nurses gave good accounts of how they supported people with long term conditions, including asthma and diabetes.

Management, monitoring and improving outcomes for people

There were staff in organisational roles to support, monitor and improve outcomes for patients. For example, we met with the medicines manager. She gathered information which supported the practice in carrying out medicine audits. We were told by staff how clinical audits were linked to medicine management information, safety alerts or as a result of the Quality Outcomes Framework (QOF) performance. This QOF information for 2013-2014 indicated the continuing effective commitment of the practice in supporting patients with long term conditions.

Are services effective?

(for example, treatment is effective)

The QOF information showed that the practice was, year on year, addressing issues as necessary within the patient population, such as blood pressure monitoring equipment. The practice was taking part in an initiative to promote early detection of raised blood pressure. The practice had introduced a blood pressure monitoring system for the over 45 age group which was supported by the Patient Participation Group (PPG) whereby patients were encouraged to check their blood pressure prior to seeing their GP. The practice enabled this by installing a blood pressure recording machine in the patients waiting area. This ensured that the practice was monitoring and treating patients with elevated blood pressure effectively. The practice conducted an audit an analysis of usage and results to inform and improve services to patients.

Staffing

Records demonstrated that staff were recruited and appointed using proper procedures and processes. New staff were provided with training on appointment, often called 'induction'. They were supported and monitored very closely during their first few weeks in post. The training on appointment included reading the policies and procedures of the practice and meeting with their line manager to confirm their suitability for the role. All staff were able to access relevant up to date policy documents on their computers. Everyone we met had a job description.

Weekly meetings took place for each staff group and minutes were taken as necessary.

All staff were supervised and annual appraisals were recorded in writing. Clinical staff had clinical supervision recorded and felt that this was a valuable process.

Staff had opportunities to receive training in the course of the year and all statutory training had been completed. Nurses had support with their ongoing professional education and GPs had protected learning time and revalidations had been completed. They also had time to meet with their external appraisers and to reflect on their practice and were clear about their roles and responsibilities.

Working with other services

All GPs worked with other specific health services and agencies as required. We saw that there were regular clinical meetings for all the GPs, health visitors, community psychiatric nurse (CPN) and district nurses where reviews were undertaken or specific education and training on specific clinical topics. These included end of life care and mental health needs. The practice shared clinical information through the NHS EMIS IT system which supported good patient care.

Information received from other agencies, for example, Accident and Emergency (A&E) or other hospital departments, was read by the duty GP and actioned on the same day. Information was scanned onto electronic patient records without undue delay.

The out of hour's surgery was supported at The Countess of Cheshire Healthpark. Patients who needed to see the out of hour's clinician telephoned the Healthpark. At time of the inspection, the surgery said that they were reviewing this process as well as late visits.

Health Promotion & Prevention

New patients were offered a consultation and assessments were undertaken. Life style risk factors were considered and the practice gave advice and support in relation to risk factors such as diet, smoking and drinking alcohol. For patients and families in need of end of life care, protocols were in place and multi-disciplinary care provided. We saw that copies of bereavement support in Western Cheshire booklets were freely available.

Patients were supported to manage their health and well-being through the provision of information, advice given by the practice and clinical systems of monitoring. These included national screening and vaccination programmes, long term condition reviews and healthy living information.

The Quality and Outcome Framework (QOF) information showed that the practice was, year on year, pursuing attainment and improvements in addressing such health challenges as smoking and lifestyle issues. In addition the practice offered flu vaccinations, travel advice and was committed to young people and teenage health promotion initiatives.

Depression screening and assessments were undertaken by the practice and referred as necessary to other services as well as physical checks for people suffering from mental health conditions.

The practice provided a range of supporting information and leaflets to patients and carers in relation to services, advice and support networks available in the community.

Are services caring?

Summary of findings

The 15 patients we spoke with and 11 patients who responded to us by completing and returning our comment cards were positive and complimentary about the services and how they were provided. Comments referred to the staff at Heath Lane Medical Centre as being kind, compassionate, polite and nice. Patients said that they were treated with dignity and respect. The provider had set up an effective Patient Participation Group (PPG). The practice was actively encouraging new members to join. We met with representatives from this group who told us they were involved in contributing to the continuing development of patient centred approaches to care.

Staff told us that they were aware of the importance of providing privacy to patients at all times. We saw that patients were taken into a vacant room when they wished to discuss something in private with a member of staff.

Our findings

Respect, Dignity, Compassion & Empathy

We received 11 positive comment cards which said the practice and services functioned well and that staff were respectful, polite and kind. There were only three comments which were not complimentary.

Patients we spoke with said they were treated with dignity and respect. This was evident for patients of all ages – adults and children. Patients told us they could talk privately and in confidence with their GP and other staff. Consultation rooms provided privacy and patients said staff were sympathetic to their needs, listened carefully to them and provided a private space for personal and private conversations. These rooms were equipped with curtains around the examination couch to maintain patients' privacy. Training was provided to staff to equip them to undertake the role of chaperone if requested by patients. The chaperone service was publicised in the practice and patients who had used a chaperone said that they were happy with it.

Involvement in decisions and consent

Patients told us that they felt involved when decisions were made about them and their treatment. Where consent was expressly required patients said that they were asked in timely and in a proper way. When written information was needed by patients or their relatives we were told that it had been provided by the practice. Staff explained to us how patients were involved in making decisions. Staff knew about how decisions should be made in keeping with the requirements of the Mental Capacity Act 2005, including when best interest decision would be made and how. Also staff knew about how decisions should be made in keeping with the requirements of the Children Act 1989 and the Children's Act 2005. We saw that health promotion literature was available in the waiting room and patients told us when they needed written information or instructions this information had been made available to them.

The practice had a consent policy in place. This policy provided staff with information about when consent was required and how it should be recorded. We were told that verbal consent was noted in the patients' records and that written consent was obtained for joint injections and minor surgical procedures.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The provider had a clear complaints policy and we saw documentation recording responses to complaints, concerns and comments about the service.

We saw that the provider had a business plan in place for 2014 which set goals and objectives including to deliver excellent care and to identify any ways in which clinical and non clinical care could be improved and which recognised new initiatives and responding to patient satisfaction information.

The practice had made adjustments to meet the needs of patients including providing baby changing facilities and wheelchair access to ground floor consultation and treatment rooms. Staff knew about how to access interpreter services for patients who did not have English as their first language. The premises were accessible by wheelchair users. The practice was responsive to patient feedback and patient survey using the patient participation group (PPG).

Our findings

Responding to and meeting people's needs

The practice served a patient community of over 7,000 patients.

It had undertaken two patient surveys. The last survey covered the period 2012 / 2013. Patient feedback ranged from positive feedback to comments regarding the appointment system including longer opening hours and being able to book more than two weeks ahead to see a GP

The practice knew about prevention of specific diseases. This information was reflected in the services provided. For example, screening programmes, vaccination programmes and reviews for patients with long term conditions.

The practice was active in contacting patients who failed to attend vaccination and screening programmes. They worked with other health care providers to support patients who were unable to attend the practice. For example, patients who were housebound were identified and referred to the district nursing team to receive their vaccinations.

Clinics were provided for adult and children vaccinations, including holiday and travel vaccinations.

For people who did not have English as a first language we were told translation arrangements were accessible.

The premises were clean and well maintained. Signs were readable and visible and access to consultation and treatments rooms on the ground floor level meant that facilities were accessible to people with reduced mobility.

There was a large patient waiting area accessible to wheel chair users. Parking was available on site. Baby changing facilities were provided. There were disabled toilet facilities.

Access to the service

The practice had an action plan in place called the "New local enhanced service for improving access to general practice 2013 / 2014". This plan looked at feedback from patients and included reviews of access to appointments, access to female GPs and improving skill mix and training.

Patients' comments to us were that they would welcome the opportunity to book beyond the two week window arrangements in place at the time of inspection. Patients told us they were keen to try new booking methods, including on line appointment bookings. However, in

Are services responsive to people's needs?

(for example, to feedback?)

addition to these improvements of appointment services, patients said they could make an appointment to see a named GP if they wished to do so and if so they did not mind waiting two weeks to see a named GP of their choice.

The service provided GP home visits for people who were not well enough to attend the medical centre. A range of appointments were available including telephone consultations and people could book these in person or by telephone.

There was a fact sheet available in reception offering guidance to non English speakers on the role of UK health services and the NHS. This information was also available on the practice website.

Concerns & Complaints

Concerns and complaints were recorded, logged and analysed and lessons learned were implemented and improvements made.

A process for patients to make a complaint was in place and well publicised. Concerns and complaints were recorded and analysed. Lessons learned were implemented and improvements made. Monitoring arrangements were in place to ensure mostly timely responses to complaints were made by the practice. The practice complaints policy advised that more serious complaints would be dealt with by the complaints officer. The complaints officer aspired to investigate and respond to the complainant within 10 working days of receipt of a complaint or as soon as possible after this time period. Following investigation the complainant was given a written statement of the investigation and its conclusions.

Are services well-led?

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

Summary of findings

The leadership team was visible, effective and had a clear vision and purpose. Management control systems, sometimes called 'governance', were in place and there was a strong system in place for monitoring and managing risks.

Staff told us that they felt appropriately trained and supported to do their job. We saw records which showed new members of staff were properly inducted, checked for suitability and safety to work in their given role.

Our findings

Leadership & Culture

The practice had a patient charter in the very comprehensive practice leaflet. The practice values were set out for patients on their website.

We saw evidence of commitment to clear leadership and a positive culture. Staff spoke positively about the visibility of the leadership team and the commitment to training staff and identifying and developing staff potential and for future planning. For example, we saw that the practice had provided on-going investment in the continual training and educational development of the nursing team.

The leadership arrangements in place made information available to staff and the wider community via regular schedule of minuted meetings held within the practice.

Governance Arrangements

The practice had systems and decision making processes in place which monitored all aspects of the service using recognised primary care processes. These were in keeping with current best practice approaches to clinical governance in primary care. These were used in a cycle of continuous improvement which is fundamental to the process of audit. They included medicine audits across a specified range of medical conditions and diagnoses in areas sometimes referred to by doctors as access, long term conditions and near patient testing. Patient pathways were also in place to reduce the number of admissions to the accident and emergency department.

Systems to monitor and improve quality & improvement

The data collected by the practice for the quality and outcomes framework (QOF), and other national initiatives such as vaccination and screening, was also used to monitor its own patient outcomes. GPs worked with the medicines manager in identifying which audits to carry out, ensuring quality and performance are regularly considered. They also looked at which clinical audits to undertake following any significant events or complaints. We looked at the significant event records and saw that significant events were well described and the actions taken were followed up. GPs retained their audit data. This was then used by them to inform a lessons learned process which enabled improvements to be implemented. This analysis

Are services well-led?

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

and review of information was demonstrated in their development of training showing understanding and consideration of risks so they can be identified and managed.

Patient Experience & Involvement

We met with some of the members of the patient participation group (PPG) and looked with them at their group's structure, terms of reference and minutes of the meetings. The practice website was seen to be inviting people to join the patient participation group which aims to meet four times a year. PPG members said that the practice gave encouragement and support to them in fulfilling their function. This was evidenced in the commitment of the practice to engaging new group members and be open to PPG suggestions thereby increasing patient involvement.

Staff engagement & Involvement

Staff told us that they had regular meetings with their line manager and would be able to raise concerns if necessary at any time.

The practice had a framework of minuted meetings held at regular intervals covering all staff groups.

Staff told us that they felt supported and had opportunity to receive training. Training was given on induction. Statutory training was undertaken yearly. On-going professional training and education was supported by the practice and all GPs had met their requirements for revalidation to practice.

Staff knew about the whistleblowing policy.

Learning & Improvement

The practice was committed to on-going education, learning and individual development of people who worked at the practice. We saw examples of written team objectives, and individual learning and supervision records. The performance of people who worked at the practice was the subject of monitoring and appraisal at all levels which reflected the organisational objectives.

The practice encouraged leading roles within the team for different aspects of the service to ensure that control and regulation were carried out effectively. For example, a nurse led on infection control ensuring the management of infection and protection of staff and patients was key in the practice.

Identification & Management of Risk

Governance systems provided a framework of risk assessments. Some related to the practice in order to maintain services in the form of contingency plans in the event of an emergency affecting the building. Others related to the ways in which clinical staff carried out their assessments. Clinicians were able to tell us how they would assess risks to patients and others through observation and treatment of conditions. Other systems related to the daily functions where staff who were also able to access policies and guidance on the control of substances hazardous to health, known as "COSHH," and other health and safety issues with ease of access on the computer system. Staff were also trained and refreshed on these protocols as part of their personal training scheme.

Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

Summary of findings

The practice took steps to record the number and health needs of older patients using the service. They kept up to date registers of patients' health conditions, carers information and addition relevant details, such as if patients were housebound. They used this information to provide services to their patients in the best possible way.

The practice worked in co-operation and in consultation with other agencies and health providers to provide support to patients and enable access to appropriate services and specialist help when needed.

The services were delivered and monitored by a management team keen to improve services.

Our findings

Safe

The practice worked in close co-operation and in consultation with health and social care services in order to help patients to receive the care they required. In the community this included meetings with district nursing service and community matrons. Where necessary hospital referrals were made.

Adult patients were protected from harm and abuse because relevant and effective policies and procedures were in place, applied and monitored which enabled healthcare staff to recognise and act on any event or incident and lessons learned were shared with all staff. The provider had systems in place to safeguard vulnerable adult patients from the risk of harm and staff had received training relevant to their role.

Caring

The practice staff made efforts to arrange any tests at the time the patient was seeing the GP and this avoided the patient having to make a separate or return appointment.

The practice had systems in place to record if consent was obtained for a relative to be involved in supporting the patient. This helped to ensure staff were knowledgeable about patient's wishes. It also maintained appropriate confidentiality.

Effective

The practice worked closely with other health and social care services. For example there were effective links and good communications with the district nursing and health visiting services

The practice had initiated the roll out the 'named GP' initiative for patients over 75. This meant that these patients had one GP within the practice who was responsible for ensuring that patients had appropriate services, a multidisciplinary package of care if needed, that any such needs had responses from a relevant clinician and that health checks could be accessed. Where patients had received treatment from an out of hours (OOH)

Older people

provider the medical centre had received timely information from the OOH provider about patients seen. This information was reviewed each morning by the duty doctor. A record sharing system was in place which enabled the OOH provider to see the GP record.

Responsive

The practice monitored unplanned admissions to hospital and reviewed the level of care being provided following discharge.

People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

Summary of findings

The practice knew about the number and overall health and care needs of patients with long term conditions using services and worked in co-operation and in consultation with health and social care services in order to help patients to receive the care they required.

Staff were skilled in specialist areas which helped them to provide clinical practice in keeping with current guidelines.

Our findings

Effective

The practice nurses explained to us how they managed specialist clinical areas such as asthma and other lung conditions, heart disease and diabetes. Having special interest in these conditions and up to date training and education meant that the practice were able to focus on specific conditions and provide clinical care in keeping with current guidelines.

Good health promotion information and advice was provided when patients attended for their periodic health check. A good range of written information was available in the patient waiting area, on the practice website and on request.

Patients could complete an asthma review form prior to attending their annual health check. The form was available on the practice website. This meant that the nurse had the information available to assist in planning the consultation.

Responsive

The practice maintained a range of disease registers which assisted in patient monitoring and recall and enabled clinical audit to be carried out.

Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

Summary of findings

The practice knew about the number and overall health and care needs of mothers, babies, children and young people and worked in co-operation and in consultation with health, education and social care services in order to help patients of all ages to receive the care they required.

A GP took the lead for safeguarding and child protection. Non attendances of babies and children at vaccination clinics were followed up and done so in conjunction with health visitors where appropriate.

Our findings

Safe
The practice had up to date adult and child safeguarding processes and child protection policies in place. These provided clear information about identifying and reporting suspected abuse. Staff could access electronic and hard copy information and all relevant contact details for the local authority protection teams were readily available. All staff had relevant training to the level needed for them to do their job.

Caring
Mothers and babies were invited to a joint appointment at eight weeks for a check by the GP and baby had the first vaccination.

Effective
The practice had effective screening and vaccination programmes in place and was able to provide good support to babies, children and mothers of all ages.

Responsive
The practice always prioritised children giving them an appointment with the GP. Staff were able to tell us how they monitored if children attended accident and emergency departments or missed appointments and how they worked with other health and social services in the event of any concerns or with follow up arrangements and support.

Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

Summary of findings

The practice provided a range of services for patients to consult with GPs, nurse practioners and practice nurses including telephone consultations.

The surgery opened from 8am - 6.30pm Monday to Friday. Patients were able to book a routine doctor appointment up to 2 weeks ahead and a nurse appointment up to 3 months ahead.

Also Western Cheshire practices had set up an evening and weekend pre-bookable GP surgery at The Countess of Chester Healthpark.

Our findings

Caring

The practice maintained a register of carers for patients who were carers for family members. They provided the patient and their family with carers' services information and gave necessary support and advice.

Effective

The practice website was user friendly and provided information to patients about health screening and available services. The practice leaflet was particularly informative and useful.

Responsive

Staff told us how they would try to find suitable appointment times early or later in the day for patients who were unable to take time of work to attend for appointments or how they could find an appointment time to meet shift pattern needs. Telephone consultations were available.

People in vulnerable circumstances who may have poor access to primary care

There are a number of different groups of people included here. These are people who live in particular circumstances which make them vulnerable and may also make it harder for them to access primary care. This includes gypsies, travellers, homeless people, vulnerable migrants, sex workers, people with learning disabilities (this is not an exhaustive list).

Summary of findings

The practice knew about safeguarding guidelines, policies and requirements. Staff had access to all the relevant information and had appropriate training suitable to for their role in the last year to ensure they were up to date.

The practice made suitable adjustments to how they provided services in order to meet the needs of patients. For example, on occasions patients with a learning disability could be given a longer appointment. This helped patients to have time to make decisions.

Our findings

Safe

Staff we spoke with knew how to carefully support people in vulnerable circumstances.

The vulnerable adults and safeguarding policy was helpful to staff and was up to date. Telephone numbers for the local authority safeguarding team and other agencies were readily available.

Responsive

People in vulnerable circumstances for example patients with a learning disability, were offered annual health checks.

Well-led

The management team was visible and had a clear purpose. Strong management control systems were in place for monitoring and managing risks to vulnerable people and people with long term conditions and mental or physical needs. We saw that prescribing was reviewed with the doctor who leads for prescribing and consistent with current guidelines for a range of conditions.

People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

Summary of findings

The practice maintained a register of patients who experienced mental health problems and worked in co-operation and in consultation with health, social care and other relevant services. Medications used were kept under review and monitored as necessary.

Our findings

Effective

The practice maintained a register of patients who experienced mental health problems or who needed mental health support. This was used to monitor medication reviews as well as to support multi-disciplinary working across support services.

Responsive

One doctor, being the local lead for mental health services for the Clinical Commissioning Group (CCG), described the range of support services that there were for people with mental health problems. Training had been provided for practices concerning mental health problems. The "Improving Access to Psychological Therapies" (IAPT) service was one of three 'leading sites' in the country. There had been an initiative with dementia to improve access to the dementia clinic by practices easing the need for some patients to be followed up by taking on-going prescribing.