

# Heald Green Health Centre 2

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Heald Green Health Centre 2 on 30 November 2016.

Overall the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Significant events had been investigated and action had been taken as a result of the learning from events for the sample we looked at. However, the provider's system for recording significant events was difficult to navigate. This in turn could make an overview of events difficult to maintain.
- Systems were in place to deal with medical emergencies and all staff were trained in basic life support.
- There were systems in place to reduce risks to patient safety. However, some of these required review. For example, the system in place for

managing safety alerts required review as there was no overview to demonstrate/ensure that all alerts had been acted on appropriately. Some medicines management procedures required improvement. These included; checks for people taking high risk medicines and prescribing practices.

- Infection control practices were carried out appropriately and there were regular checks on the environment and on equipment used.
- Feedback from patients about the care and treatment they received from clinicians was very positive.
- Data showed that outcomes for patients at this practice were similar to outcomes for patients locally and nationally.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

# Summary of findings

- Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Patients said they found it easy to make an appointment and there was good continuity of care.
- The appointments system provided a range of appointments to meet patients' needs including urgent and on the day appointments. Feedback from some patients was that they had difficulty getting through to the practice by phone and that they sometimes waited too long for a routine appointment
- The practice had good facilities, including disabled access. It was well equipped to treat patients and meet their needs.
- Complaints had been investigated and responded to in a timely manner.
- There was a clear leadership and staff structure. Staff understood their roles and responsibilities. However, some staff told us their roles were more challenging as a result of working across two practices.
- The practice provided a range of enhanced services to meet the needs of the local population.
- The practice sought patient views about improvements that could be made to the service. This included the practice having and regularly consulting with a patient participation group (PPG).

Areas where the provider must make improvement:

- Ensure all patients who are taking high risk medicines have regular health and medication checks in line with best practice guidance.
- Ensure prescribing practices for managing changes in medicines are carried out appropriately and safely.

Areas where the provider should make improvement:

- Review the procedures for the management of results from secondary care with particular attention to short term clinical staff.
- Review the system for recording significant events to ensure the records are fully accessible and allow for a clear overview of events and actions taken.
- Review the system for managing safety alerts to ensure an overview of actions taken.
- Review the appointments system for managing routine appointment requests.
- Review the effectiveness of the telephone/call management system following completion of the installation.
- Continue to monitor and review back office staffing arrangements in relation to the role of staff working across two practices.
- Maintain a clearly detailed record of meetings and actions agreed.

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.

**Requires improvement**



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff learnt from significant events and this learning was shared across the practice for the sample of events we looked at. However, the provider's system for recording significant events was difficult to navigate and to establish an overview of events.
- Staff were aware of their responsibilities to ensure patients received reasonable support, truthful information, and a written apology when things went wrong.
- The practice had clearly defined and embedded systems, processes and practices in place to safeguard patients from abuse. Staff had been trained in safeguarding and they were aware of their responsibilities to report safeguarding concerns.
- Risks to patients were not always assessed and well managed. For example, some medicines management procedures required improvement. These included; checks for people taking high risk medicines and prescribing practices. The system in place for managing safety alerts required review as there was no overview to demonstrate/ensure that all alerts had been acted on appropriately.
- Procedures were in place to ensure appropriate standards of hygiene were maintained and to prevent the spread of infection.
- Health and safety related checks were carried out on the premises and on equipment on a regular basis.
- Appropriate pre-employment checks had been carried out to ensure staff suitability.
- The practice was equipped with a supply of medicines to support people in a medical emergency.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



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

# Summary of findings

- The system for managing results from secondary care required review.
- Staff worked alongside other health and social care professionals to understand and meet the range and complexity of patients' needs.
- Clinicians met on a regular basis to review the needs of patients and the clinical care and treatment provided.
- Clinical audits were carried out to drive improvement in outcomes for patients.
- Staff felt well supported overall and they had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However, staff found some aspects of their role more challenging as a result of working across two practices.
- A system of appraisals was in place and all staff had undergone an up to date appraisal of their work.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment. They gave us positive feedback about the caring nature of staff.
- We saw that staff treated patients with respect and maintained confidentiality.
- Data from the national patient survey showed that patients rated the practice similarly to other practices locally and nationally for aspects of care. For example, having tests and treatments explained and for being treated with care and concern.
- Information was provided to patients about the services available to them.
- The practice maintained a register of patients who were carers in order to tailor the services provided. For example to offer them immunisations.
- Patients who had carer responsibilities were signposted to a local carers' support group.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of the local population and worked in collaboration with the NHS England Area Team, Clinical Commissioning Group (CCG) and partner agencies to secure improvements to services where these were identified and to improve outcomes for patients.

# Summary of findings

- Some of the patients we spoke with said they found it difficult to get through to the practice to make an appointment. This was reflected in the national patient survey. The practice was in the process of getting a new phone system installed which was hoped would improve this. Overall, patients told us they could get an appointment if they needed one. However, some patients felt they had to wait too long for a routine appointment.
- Urgent and routine appointments were available the same day and routine appointments could be booked in advance.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice responded quickly to complaints issues raised and learning from complaints was acted upon.

## Are services well-led?

The practice is rated as good for being well-led.

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to this.
- There were systems in place to govern the practice and support the provision of good quality care. However, some aspects of medicines management required improvement.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice used feedback from staff and patients to make improvements.
- The patient participation group (PPG) was active and they gave us examples of how the practice had made changes in response to their feedback.
- There was a focus on learning, development and improvement linked to outcomes for patients.
- The challenges and future developments of the practice had been considered.

**Good**



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care and treatment to meet the needs of the older people in its population.
- The practice kept up to date registers of patients with a range of health conditions (including conditions common in older people) and used this information to plan reviews of health care and to offer services such as vaccinations for flu.
- The practice provided a range of enhanced services, for example, the provision of care plans for patients at risk of an unplanned hospital admission.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were similar to outcomes for patients locally and nationally.
- GPs carried out regular visits to a local nursing home to assess and review patients' needs and to prevent unplanned hospital admissions.
- Home visits and urgent appointments were provided for patients with enhanced needs.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.
- Two of the GP partners had an interest in end of life care.

### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required immunisations received these.
- Practice nurses held dedicated lead roles for chronic disease management. As part of this they provided regular, structured reviews of patients' health.
- Patients with several long term conditions could be offered a single, longer appointment to avoid multiple visits to the surgery.

# Summary of findings

- Data from 2015 to 2016 showed that the practice was performing in comparison with other practices nationally for the care and treatment of people with chronic health conditions.
- The practice held regular multi-disciplinary meetings to discuss patients with complex needs and patients receiving end of life care.
- One of the practice nurses led on supporting pre-diabetic patients and they were looking to develop this aspect of the service further.
- The practice provided an in house phlebotomy service which was convenient for patients especially those requiring regular blood monitoring.
- Patients were provided with advice and guidance about ill health prevention and management of their health and were signposted to support services.

## Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and those who were at risk, for example, children and young people who had a high number of A&E attendances.
- A GP was the designated lead for child protection. All hospital letters for children were assigned to the lead GP in order to identify any child protection concerns.
- Staff we spoke with had appropriate knowledge about child protection and they had ready access to safeguarding policies and procedures.
- Regular safeguarding meetings took place with health visitors to share information or concerns about child welfare.
- Child health surveillance clinics were provided for 6-8 week olds.
- Immunisation rates were comparable to the national average for all standard childhood immunisations. One of the practice nurses monitored non-attendance of babies and children at vaccination clinics and they told us they would report any concerns they identified to relevant professionals.
- Babies and young children were offered an appointment as a priority and appointments were available outside of school hours.
- The premises were suitable for children and babies and baby changing facilities were available.
- Family planning services were provided.

Good





# Summary of findings

- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 94% which was higher than the national average of 81%.

## **Working age people (including those recently retired and students)**

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice provided extended hours appointments three days per week to accommodate working patients.
- Telephone consultations were provided and patients therefore did not always have to attend the practice in person.
- The practice provided a full range of health promotion and screening that reflected the needs of this age group.
- The practice was proactive in offering online services including the booking of appointments and requests for repeat prescriptions. Electronic prescribing was also provided.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances in order to provide the services patients required. For example, a register of people who had a learning disability was maintained to ensure patients were provided with an annual health check and to ensure longer appointments were provided for patients who required these.
- The practice worked with other health and social care professionals in the case management of vulnerable people.
- Regular safeguarding meetings were held that covered both children and vulnerable adults.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice provided appropriate access and facilities for people who were disabled.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.

**Good**



# Summary of findings

## 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 held a register of patients experiencing poor mental health and these patients were offered an annual review of their physical and mental health.
- Data about how people with mental health needs were supported showed that outcomes for patients using this practice were better than local and national averages.
- The practice worked with other health and social care professionals in the case management of people experiencing poor mental health, including those with dementia.
- The practice referred patients to appropriate services such as psychiatry and counselling services.
- A system was in place to follow up patients who had attended accident and emergency and this included where people had been experiencing poor mental health.
- Patients experiencing poor mental health were informed about how to access various support groups and voluntary organisations.

Good



# Summary of findings

## What people who use the service say

The results of the national GP patient survey published July 2016 showed the practice received similar to average scores in most areas including patients' experiences of the care and treatment provided and their interactions with clinicians. Patients' experiences of making an appointment was slightly lower than average. There were 265 survey forms distributed and 111 were returned which equates to a 42% response rate. The response represents approximately 1.7% of the practice population.

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

For example:

- 90% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 91% and national average of 88%.
- 88% said the last nurse they spoke to was good at listening to them (CCG average 93% national average 91%).
- 90% said the last GP they saw gave them enough time (CCG average 90%, national average 86%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 100% said they had confidence and trust in the last nurse they saw (CCG average 98%, national average 97%).

The practice scores were comparable to or lower than the CCG and national averages for questions about access and patients' experiences of making an appointment. For example:

- 60% of respondents gave a positive answer to the question 'Generally, how easy is it to get through to someone at your GP surgery on the phone?', compared to a CCG average of 78% and a national average of 72%.
- 70% described their experience of making an appointment as good (CCG average 77%, national average 73%).
- 77% stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (CCG average 80%, national average 75%).
- 90% found the receptionists at the surgery helpful (CCG average 88%, national average 86%).

A lower than average percentage of patients, 79%, described their overall experience of the surgery as good or fairly good. This compared to a CCG average of 88% and a national average of 84%. The provider felt the new telephone call management system would improve patient experience.

We spoke with eight patients during the course of the inspection visit and they told us the care and treatment they received was very good. As part of our inspection process, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards. All of these were positive about the standard of care and treatment patients received. A number of GPs received praise for their professional care. The feedback in comment cards described staff as; friendly, respectful, helpful, caring, understanding, knowledgeable and approachable. Patients told us they felt listened to and treated with dignity and respect the service was described as 'first class'. Three of the 23 comment cards cited difficulties in getting through to the practice by phone and a number of patients told us they felt that they had to wait too long for a routine appointment.

# Summary of findings

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure all patients who are taking high risk medicines have regular health and medication checks in line with best practice guidance.
- Ensure prescribing practices for managing changes in medicines are carried out appropriately and safely.

### Action the service **SHOULD** take to improve

- Review the procedures for the management of results from secondary care with particular attention to short term clinical staff.
- Review the system for recording significant events to ensure the records are fully accessible and allow for a clear overview of events and actions taken.

- Review the system for managing safety alerts to ensure an overview of actions taken.
- Review the appointments system for managing routine appointment requests.
- Review the effectiveness of the telephone/call management system following completion of the installation.
- Continue to monitor and review back office staffing arrangements in relation to the role of staff working across two practices.
- Maintain a clearly detailed record of meetings and actions agreed.

# Heald Green Health Centre 2

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Heald Green Health Centre 2

Heald Green Health Centre 2 is located in Heald Green, Cheadle, Cheshire. The practice was providing a service to approximately 6,535 patients at the time of our inspection.

The practice is part of Stockport Clinical Commissioning Group (CCG) and is situated in an area with lower than average levels of deprivation when compared to other practices nationally. The percentage of the patient population who have a long standing health condition is 47% which is lower than the national average of 54%.

The practice is run by three GP partners and there are an additional two salaried GPs (one male and four female). There are four practice nurses, one of whom is a nurse clinician, a business manager, an operations manager and a team of reception/administration staff. The practice is open from 8.00am and 6.30pm on Mondays and Fridays and 7.30am to 7.30pm on Tuesdays, Wednesdays and Thursdays.

When the surgery is closed patients are directed to the GP out of hour's service provided by 'Mastercall' by contacting NHS 111.

The practice is a training practice for trainee GPs.

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice has a General Medical Services (GMS) contract. The practice provides a range of enhanced services, for example: extended hours, childhood vaccination and immunisations and avoiding unplanned hospital admissions.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 30 November 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, the business manager, operations manager, reception staff and administrative staff.

# Detailed findings

- Spoke with patients who used the service and with four members of the patient participation group (PPG).
- Explored how the GPs made clinical decisions.
- Observed how staff interacted with patients face to face and when speaking with people on the telephone.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.
- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.

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

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

- Is it well-led?

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting, recording and responding to significant events. However, the system was difficult to navigate. This would make an overview of events difficult to maintain. Staff told us they would inform the business manager or operations manager of any incidents and there was a form for recording these available on the practice's computer system. The provider was aware of their responsibilities to report notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We looked at a sample of significant events and found that an analysis of the events had been carried out and any learning had been put into action to prevent a reoccurrence. The provider told us that significant events and matters about patient safety were discussed on a regular basis as part of a rolling programme of meetings. This was not clearly reflected in the minutes of meetings as the records we viewed were basic and lacked detail.

A system was in place for responding to patient safety alerts. We looked at a sample of safety alerts and how they had been managed. The information had been disseminated and action had been taken to make required changes to practise for the sample we looked at. However, the system did not include an overall record to demonstrate who was responsible for responding to the information and the actions taken.

### Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe however, some of these required improvement.

- The arrangements for managing medicines were not sufficiently robust to ensure that all patients who were taking high risk medicines had undergone the required review of their health and medicines. For example there was no system for checking the results of blood tests for people taking warfarin before they were provided with a repeat prescription. Some patients taking potentially toxic medicines had not had undergone health checks

at the required interval. We also found that prescription changes were not always being authorised appropriately when patient's medicines had been altered by secondary care.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. A health care assistant had been trained to administer vaccines and medicines against a patient specific direction from a prescriber. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy team. Medicines prescribing data for the practice was comparable to national prescribing data. A system was in place to account for prescriptions pads and they were stored securely.
- Arrangements were in place to safeguard children and vulnerable adults that reflected relevant legislation and local requirements and safeguarding policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. There was a lead member of staff for safeguarding. The GPs provided reports where necessary for other agencies. All staff had received safeguarding training relevant to their role. For example the GPs were trained to Safeguarding level 3. Staff demonstrated they understood their responsibilities to report safeguarding and they provided examples of when they had raised safeguarding concerns. The practice held regular multi-disciplinary meetings which included discussions about safeguarding concerns and these were attended by health visitors.
- Notices advised patients that staff were available to act as chaperones if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Staff who acted as chaperones were trained for the role and had undergone a Disclosure and Barring Service (DBS) check. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to

## Are services safe?

be clean and tidy. A practice nurse was the infection control clinical lead and they were responsible for liaising with the local infection prevention team. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. The practice had achieved a score of 100% during the most recent audit in May 2016. This had been carried out as a follow up to a previous audit in November 2015.

- An assessment of the risk and management of Legionella had been undertaken and measures were in place to mitigate risks associated with Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- We reviewed a sample of staff personnel files in order to assess the staff recruitment practices. Our findings showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, proof of qualifications, proof of registration with the appropriate professional bodies and checks through the DBS.
- A record was maintained to show that all medical staff were appropriately revalidated and registered with their respective governing bodies to ensure their continued suitability. For example with the General Medical Council (GMC) or Nursing and Midwifery Council (NMC).

### Monitoring risks to patients

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

- There was a range of health and safety related policies and procedures that were available to staff.
- A risk assessment of each room was carried out on a weekly basis.

- The practice had up to date health and safety related risk assessments and safety checks were carried out as required. For example, fire safety equipment, electrical equipment and clinical equipment were checked to ensure they were working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all of the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

Arrangements were in place to respond to emergencies and major incidents. For example;

- There was an instant messaging system on the computers in each of the consultation and treatment rooms which alerted staff to an emergency.
- All staff had received annual basic life support training.
- The practice had emergency medicines available. These were readily accessible to staff in a secure area of the practice and staff knew of their location. There was a system in place to ensure the medicines were in date and fit for use.
- The practice had a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises and oxygen with adult and children's masks.
- A first aid kit was readily available.
- Systems were in place for the recording of accidents and incidents.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The clinicians assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The GPs demonstrated that they followed treatment pathways and provided treatment in line with the guidelines for people with specific health conditions. They also demonstrated how they used national standards for the referral of patients to secondary care, for example the referral of patients with suspected cancers.

The practice monitored the implementation of best practice guidelines through a range of regular clinical meetings and through benchmarking outcomes for patients against those for patients locally and nationally.

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

### Management, monitoring and improving outcomes for people

The practice used information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. This is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice had achieved 95% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2015 to March 2016 showed performance in outcomes for patients was comparable to that of the Clinical Commissioning Group (CCG) and national average. For example;

- The percentage of patients on the diabetes register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 86% compared to a CCG average of 84% and a national average of 80%.

- The percentage of patients with diabetes in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 83% (CCG average 79%, national average 78%).
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2015 to 31/03/2016) was 91% (CCG average 91%, national average of 89%).
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 83% (CCG average 83%, national average 83%).
- The performance for mental health related indicators were higher than local and national averages. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 88% (CCG average 84%, national average 83%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 95% (CCG average 92%, national average of 88%).

Information about outcomes for patients was used to make improvements. We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. We viewed two clinical audits. One of these was an audit into the use of domperidone and a second cycle of this audit showed an improvement in care and treatment for patients. Another audit related to the monitoring of patients with celiac disease. This audit was a full cycle audit that showed improvements in patient care.

The practice worked alongside other health and social care professionals in monitoring and improving outcomes for patients. Multidisciplinary meetings (MDT) were held on a five weekly basis. These meetings included district nurses, health visitors and representatives from social services. The

# Are services effective?

## (for example, treatment is effective)

needs of patients with more complex health or social care needs were discussed at the meetings with an aim to ensure that a holistic approach to their needs was being adopted.

The practice provided a range of additional services to improve outcomes for patients. These included a minor surgery clinic, electrocardiogram (ECG) tests, spirometry, travel vaccinations and contraceptive services.

### Effective staffing

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

- The practice had an induction programme for newly appointed members of staff.
- Staff told us they felt appropriately trained and experienced to meet the roles and responsibilities of their work. There was a training plan in place to ensure staff kept up to date with their training and they had access to and made use of e-learning training modules and in-house training. Staff had been provided with training in core topics such as: safeguarding, health and safety, fire safety, infection control, basic life support, consent and information governance.
- Staff had also been provided with role-specific training. For example, staff who provided care and treatment to patients with long-term conditions had been provided with training in the relevant topics such as diabetes and spirometry. Other role specific training included training in topics such as administering vaccinations and taking samples for the cervical screening programme.
- The GPs held lead roles in a range of clinical areas including; palliative care, asthma and chronic obstructive pulmonary disease (COPD), paediatrics, dermatology, gynaecology and family planning. Other lead roles included: safeguarding, complaints, research, significant events and training.
- Clinical staff were kept up to date with relevant training, accreditation and revalidation. There was a system in place for annual appraisal of staff. Appraisals provide staff with the opportunity to review/evaluate their performance and plan for their training and professional development.

### Coordinating patient care and information sharing

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

We looked at how test results were managed. Current results were being read and actioned appropriately. However, we found a number of results prior to July 2016 had been directed into the inbox of registrars after they had left the practice. We viewed a sample of these and the ones we looked at required no action or had been dealt with in subsequent consultations. The business manager confirmed following the inspection that these had since been reviewed and there were no outstanding issues found. The practice needs to review its system for receiving pathology results to ensure there is no reoccurrence of this.

The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.

The practice took part in an enhanced service to support patients to avoid an unplanned admission to hospital. This is aimed at reducing admissions to Accident and Emergency departments by treating patients within the community or at home. Care plans had been developed for patients at most risk of an unplanned admission. The practice monitored unplanned admissions and shared information as appropriate with the out of hours service.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff were aware of their responsibility to carry out assessments of capacity to consent in line with relevant guidance.
- Written consent was obtained and recorded for minor surgical procedures.

# Are services effective?

(for example, treatment is effective)

## Supporting patients to live healthier lives

The practice provided advice, care and treatment to promote good health and prevent illness. For example:

- The practice identified patients in need of extra support. This included, patients with conditions such as heart failure, hypertension, epilepsy, depression, kidney disease and diabetes. Patients with these conditions or at risk of developing them were referred to (or signposted to) services for lifestyle advice such as dietary advice or smoking cessation.
- The practice offered national screening programmes, vaccination programmes and long term condition reviews.
- The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action.
- QOF information for the period of April 2015 to March 2016 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were comparable to other practices locally and nationally. 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 (01/04/2015 to 31/03/2016) was 94% which was higher than the national average of 81%. There was a policy to offer reminders for patients who did not attend for their cervical screening tests. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice encouraged patients to attend national screening programmes for bowel and breast cancer screening. Bowel and breast cancer screening uptake rates were comparable to national and CCG average with persons (aged 60-69) screened for bowel cancer in the last 30 months at 58% (national average 57%, CCG average 56%) and females (aged 50-70) screened for breast cancer in the last 36 months at 69% (CCG average 70%, national average 72%).
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- Health promotion information was available in the reception area and on the website and patients were referred to or signposted to health promotion services.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Reception staff knew that they could offer patients a private area for discussions when patients wanted to discuss sensitive issues or if they appeared uncomfortable or distressed.

We made patient comment cards available at the practice prior to our inspection visit. All of the 23 comment cards we received were positive and complimentary about the caring nature of the service provided by the practice. The feedback in comment cards described staff as; friendly, respectful, helpful, caring, understanding and approachable.

Results from the national GP patient survey showed patients felt they were treated with care and concern. The patient survey contained aggregated data collected between July to September 2015 and January to March 2016. The practice scores were similar to local and national averages for matters such as patients being given enough time, being treated with care and concern and having trust in clinical staff. For example:

- 90% of respondents said the last GP they saw gave them enough time compared to a Clinical Commissioning Group (CCG) average of 90% and a national average 86%.
- 86% said that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (CCG average 88%, national average 85%).
- 87% said the last nurse they saw or spoke to was good at giving them enough time (CCG average of 94%, national average of 91%).
- 96% said that the last time they saw or spoke to nurse, they were good or very good at treating them with care and concern (CCG average 93%, national average 90%).

- 95% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 100% said they had confidence and trust in the last nurse they saw (CCG average 98%, national average 97%).

The practice scored higher than the national average with regards to the helpfulness of reception staff and slightly lower than average for patients' overall experiences of the practice: For example:

- 90% of respondents said they found the receptionists at the practice helpful (CCG average 88%, national average of 86%).
- 79% described their overall experience of the practice as 'fairly good' or 'very good' (CCG average 88%, national average of 84%).

We spoke with eight patients during the course of our inspection visit and they gave us very positive feedback about the caring nature of staff in all roles. Four of these patients were also members of the Patient Participation Group (PPG) and they told us staff provided a caring and supportive service.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they felt listened to and involved in making decisions about the care and treatment they received. Patient feedback on the comment cards we received was also positive and aligned with these views. Results from the national GP patient survey showed the practice had scored similar to local and national averages for patient satisfaction in these areas. For example:

- 90% of respondents said the last GP they saw was good at listening to them compared to a CCG average of 91% and a national average of 88%.
- 88% said the last nurse they saw or spoke to was good at listening to them (CCG average of 93%, national average of 91%).
- 86% said the last GP they saw was good at explaining tests and treatments (CCG average of 88%, national average of 86%).
- 91% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average of 91%, national average of 89%).

## Are services caring?

- 80% said the last GP they saw was good or very good at involving them in decisions about their care (CCG average 85%, national average of 81%).
- 87% said the last nurse they saw or spoke to was good or very good at involving them in decisions about their care (CCG average 88%, national average 85%).

### **Patient and carer support to cope emotionally with care and treatment**

Information about how patients could access a number of support groups and organisations was available at the practice. Information about health conditions and support was also available on the practice's website.

The practice maintained a register of carers and at the time of the inspection there were 130 carers on the register. This represented two percent of the practice population. The

practice's computer system alerted GPs if a patient was also a carer. Carers could be offered longer appointments if required. They could also be offered flu immunisations and health checks. Written information was available to direct carers to the various avenues of support available to them and carers were signposted to a local carers' support group.

Patients receiving end of life care were signposted to support services. Two of the GPs had a particular interest in palliative care. The practice had a policy and procedure for staff to adopt following the death of a patient. This included procedures for notifying other agencies and for making contact with family members or carers to offer them support and signpost them to bereavement support services.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice worked to ensure unplanned admissions to hospital were prevented through identifying patients who were most at risk and developing care plans with them to prevent an unplanned admission.

The practice provided a flexible service to accommodate patients' needs. For example;

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical conditions that required same day consultation.
- The practice offered extended hours for working patients who could not attend during normal opening hours.

### Access to the service

The practice was open from 8am and 6.30pm on Mondays and Fridays and 7.30am to 7.30pm on Tuesdays, Wednesdays and Thursdays.

The appointment system had been reviewed and adapted to provide a range of appointments. People told us that they were able to get an appointment when they needed one if their need was urgent. Some patients told us they felt they had to wait too long for a routine appointment and that this could be between two to three weeks. We found the next available routine appointment was two weeks from the date of our visit. A number of patients also told us they found it difficult to get through to the practice by phone to book an appointment. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally comparable to local national averages except for getting through to the practice by phone. For example:

- The percentage of respondents who gave a positive answer to 'Generally how easy is it to get through to someone at your GP surgery on the phone' was 60% compared to a CCG average of 78% and a national average of 72%.
- The percentage of patients who were 'very satisfied' or 'fairly satisfied' with their GP practice opening hours was 73% (CCG average 77%, national average of 75%).
- 77% said they were able to get an appointment the last time they wanted to see or speak with a GP or nurse (CCG average 80%, national average 75%).
- 70% of patients described their experience of making an appointment as good (CCG average 77%, national average 73%).

The provider informed us that a new telephone system had been installed and would be available for use in the forthcoming weeks. It was intended that this would improve patients' experience of getting through to the practice by phone by directing patients with different requirements to the appropriate members of staff and by providing a call queuing system.

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.

The practice was located in a purpose built building. The premises were accessible and facilities for people who were physically disabled were provided. Reasonable adjustments were made and action taken to remove barriers when people found it hard to use or access services. For example, a hearing loop system was available to support people who had difficulty hearing and translation services were available.

### Listening and learning from concerns and complaints.

A complaints policy and procedure was in place. Information was not available to help patients understand the complaints procedure at the time of our inspection. A notice informing patients of the complaints procedure and a complaints form were made available in the reception area following our visit.



# Are services responsive to people's needs?

(for example, to feedback?)

We looked at a sample of complaints received in the last 12 months and found that these had been investigated and responded to in a timely manner and patients had been provided with an explanation and an apology when this was appropriate.

A resolution plan had been drafted for each complaint outlining any learning that had been gained and actions taken to improve the quality of care and patients' experiences of the service.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a statement of purpose which outlined its aims and objectives. These included; the provision of high quality medical services, treating patients promptly, courteously and in complete confidence, involving patients in decisions and providing enough information for them to make informed choices, maximising accessibility and the range of services offered to meet the needs of patients, continuously reviewing, developing and improving services, understanding the views of patients, providing a safe environment for patients and staff, ensuring that staff have the right skills and training to carry out their duties competently. Staff we spoke to demonstrated that they supported the aims, objectives and values of the practice.

The GP partners had knowledge of and incorporated local and national objectives. They worked alongside commissioners and partner agencies to improve and develop the primary care provided to patients in the locality.

### Governance arrangements

The practice had effective arrangements in place to govern the service and ensure good outcomes were provided for patients overall.

- There were arrangements for identifying, recording and managing risks and for implementing actions to mitigate risks
- A system for the reporting and management of significant events was in place. However, this required review. Learning from events had been acted upon to drive improvements for the sample of events we looked at.
- The GPs had a clear understanding of the performance of the practice. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The QOF data showed that the practice achieved results comparable to other practices locally and nationally for the indicators measured.
- Clinical audits had been carried out to evaluate the operation of the service and the care and treatment provided and to improve outcomes for patients.

- Overall, the clinical system was used effectively to ensure patients received the care and treatment they required. However, the system was not used fully effectively with regards to the review of patients taking high risk medicines.
- The GPs had been supported to meet their professional development needs for revalidation (GPs are appraised annually and every five years they undergo a process called revalidation whereby their licence to practice is renewed. This allows them to continue to practise and remain on the National Performers List held by NHS England).
- Regular meetings were carried out as part of the quality improvement process to improve the service and patient care. However, the recording of these meetings was not sufficiently detailed.
- Practice specific policies and standard operating procedures were available to all staff. Staff we spoke with knew how to access these and any other information they required in their role.

### Leadership and culture

On the day of the inspection the partners in the practice demonstrated that they had the experience, capacity and capability to run the practice and ensure good quality care. The partners were visible in the practice and staff told us that they were approachable and took the time to listen them.

The partners encouraged a culture of openness and honesty. The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff told us they felt confident to raise any concerns without prejudice.

The leadership and staffing structure were clear and staff were aware of their roles and responsibilities. Staff in all roles felt appropriately trained and experienced to meet their responsibilities. The provider had made changes to the staffing structure in response to feedback from staff about the added complexities of working across two practices. Feedback from staff indicated that there was still room for improvement in this.



# Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients and acted upon this. The practice had a well-established and engaged patient participation group (PPG). We met with four members of the PPG and told us they attended regular meetings (eight per year) with the practice and they gave us a number of examples of how the practice had made improvements to the service in response to their feedback. They also gave us positive feedback about the care and treatment provided by the practice.

The practice also 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 made available in GP practices from 1 December 2014.

Results between February 2015 and November 2016 showed that 86% of patients who had completed the survey were either extremely likely or likely to recommend the practice.

The practice used information from complaints received to make improvements to the service.

Staff were involved in discussions about how to develop the service through a system of regular staff meetings and appraisals.

## Continuous improvement

There was a focus on continuous learning and improvement within the practice. This included the practice providing training for GPs and being involved in local schemes to improve outcomes for patients. The GPs and management team were aware of challenges to the service. These included: the growth of the patient population and succession planning for forthcoming changes to the GP partnership and salaried GP team.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12: Safe care and treatment.</b></p> <p>Care and treatment must be provided in a safe way for service users including the proper and safe management of medicines.</p> <p>The provider did not have safe systems to:</p> <p>Ensure all patients who were taking high risk medicines had undergone a regular health and medication check in line with best practice guidance.</p> <p>Ensure prescribing practices for managing changes in medicines were carried out appropriately and safely.</p> <p>Regulation 12 (2)(g).</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	