

# Alderley Edge Medical Practice

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Alderley Edge Medical Practice on 26 September 2017.

Overall the practice is rated as good.

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

- There were systems in place to reduce risks to patient safety, for example, equipment and premises checks were carried out and there were systems to prevent the spread of infection.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff were aware of procedures for safeguarding patients from the risk of abuse.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff felt supported and they had access to training and development opportunities appropriate to their roles.

- Patients said they were treated with compassion, dignity and respect. We saw staff treated patients with kindness and respect.
- Services were planned and delivered to take into account the needs of different patient groups.
- There was a system in place to manage complaints.
- There were systems in place to monitor and improve quality and identify risk.

The areas where the provider should make improvements are:

- Review the system put in place to broaden the scope of issues considered to be a significant event to ensure this is effective.
- Monitor recruitment records to ensure that all the required information is obtained.
- Checks of cleaning standards should take place at the branch practice.
- Review the system put in place to monitor which prescriber the printable prescriptions are distributed to.

# Summary of findings

- A central system to monitor staff training should be put in place.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. There were appropriate systems in place to ensure that equipment was safe to use. The practice maintained appropriate standards of cleanliness and hygiene. Staff were aware of procedures for safeguarding patients from the risk of abuse. Staff knew how to report safety issues and these were investigated and appropriate action taken.

Good



### Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to best practice guidance such as the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff had access to training and development opportunities appropriate to their roles.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients spoken with and who returned comment cards were positive about the care they received from the practice. We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Services were planned and delivered to take into account the needs of different patient groups. A range of access to the service was provided. The practice had a complaints policy which provided staff with guidance about how to handle a complaint.

Good



### Are services well-led?

The practice is rated as good for providing well-led services. There was a clear leadership structure, staff were clear about their roles and responsibilities and felt supported by management. The practice had a number of policies and procedures to govern activity and held governance and staff meetings. The practice proactively sought feedback from staff and patients, which it acted on.

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. The practice kept registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles. All patients over 75 had a named GP. GPs visited three local nursing homes weekly. Visits were carried out by the same clinicians to provide continuity and these clinicians were available for senior care home staff to contact for advice outside of these visits. The practice worked with other agencies and health providers to provide support and access specialist help when needed. Care plans were in place for patients with a high risk of being admitted to hospital. A care co-ordinator followed up all hospital discharges to assess what support was needed to minimise re-admission to hospital. The practice nurse provided home visits for chronic disease management. Housebound patients could order repeat medication by telephone and a medication delivery service was provided through the patients chosen pharmacy. The practice had a list of patient volunteers who were willing to transport older patients to the practice for appointments.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. The practice had a system in place to make sure patients received regular reviews for long term conditions. The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. Current unpublished results (2016/2017) showed the practice was performing well in relation to these targets. The clinical team took the lead for different long term conditions. Specialist practice nurses reviewed patients with asthma, chronic obstructive pulmonary disease (COPD) and diabetes. Care plans were in place for patients with COPD. Practice nurses were available during extended hours to facilitate ease of access for patients requiring a review of their long term condition. The practice had multi-disciplinary meetings to

Good



# Summary of findings

discuss the needs of palliative care patients and patients with complex needs. The practice worked with other agencies and health providers to provide support and access to specialist help when needed.

## Families, children and young people

The practice is rated as good for the care of families, children and young people. Post-natal checks were undertaken by GPs. Child health surveillance and immunisation clinics were provided. Pre-conception guidance was provided to patients wishing to become pregnant. Priority was given to young children who needed to see the GP and appointments were available outside of school hours. The staff we spoke with had appropriate knowledge about child protection and how to report any concerns. Child health promotion information was available on the practice website and in leaflets displayed in the waiting area. Family planning and sexual health services were provided. Young peoples' views about the operation of the practice were voiced through representatives on the Patient Participation Group (PPG).

Good



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

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice appointment system and opening times provided flexibility to working patients and those in full time education. The main practice was open from 8am to 6.30pm Monday to Friday and on Saturday mornings for pre-bookable appointments from 8.30am to 10.30am. The branch practice was open Monday to Friday 8am to 12.30pm. Urgent and routine appointments were available. Patients could book appointments in person, via the telephone and on-line. Repeat prescriptions could be ordered on-line and by attending the practice. Summary patient records were available on-line. Telephone consultations were also provided. The practice website provided information around self-care and local services available for patients. The practice offered health promotion and screening that reflected the needs of this population group such as cervical screening, contraceptive services, smoking cessation advice, NHS health checks and family planning services. Reception staff sign-posted patients who did not necessarily need to see a GP, for example patients were advised about physiotherapy services. A phlebotomy service was also provided at the practice which meant that patients did not have to travel to receive this service.

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. A register was kept of

Good



# Summary of findings

patients with a learning disability, there was a lead GP for these patients, a flexible appointment system to meet their needs and a system to ensure these patients received an annual health check. The staff we spoke with had appropriate knowledge about safeguarding vulnerable adults and children. Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate services. A member of staff acted as a carer's link and they were working to identify carers and promote the support available to them. The practice referred patients to local health and social care services for support, such as drug and alcohol services and to the well-being service. The practice had multi-disciplinary meetings where the needs of vulnerable patients were discussed. The practice worked with other agencies and health providers to provide support and access to specialist help when needed.

## **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 maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients experiencing poor mental health, including dementia, an annual health check and a medication review. Care plans were in place to support patients. Same day urgent triage was carried out when patients reported a decline in their mental health. Opportunistic dementia screening was undertaken for at risk patients. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice referred patients to appropriate services such as memory clinics, psychiatry and counselling services. Patients were also signposted to relevant services such as Age UK, and the Alzheimer's Society and were offered resources such as talking therapies and on-line self-help resources. The staff team had received training in dementia awareness to assist them in identifying patients who may need extra support.

**Good**



# Summary of findings

## What people who use the service say

Data from the national GP patient survey July 2017 (data collected from January-March 2017) showed that the practice was performing in-line with local and national averages. The practice distributed 241 forms 136 (56%) were returned which represents approximately 1.7% of the total practice population. The results showed that patients' responses about whether they were treated with respect and compassion and involved in their care were in-line with or above local and national averages. For example results showed:

- 95% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92% and national average of 89%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 97% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 91% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 82%.
- 90% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.

The results of the national GP patient survey showed that patients' responses about satisfaction with access to care and treatment were in-line with or above local and national averages. For example:

- 87% of patients said they were able to get an appointment to see or speak to someone last time they tried compared to the CCG average of 90% and national average of 84%.
- 79% of patients said the last appointment they got was convenient compared to the CCG average of 87% and national average of 81%.

- 75% of patients were satisfied with the surgery's opening hours compared to the CCG average of 77% and national average of 76%.
- 87% of patients described their overall experience of this surgery as good compared to the CCG average of 90% and the national average of 85%.
- 85% of respondents found the receptionists at the surgery helpful compared to the CCG average of 89% and national average of 87%.
- 59% of respondents said they usually got to see or speak to their preferred GP compared to the CCG average of 59% and national average of 56%.

Responses to satisfaction with opening times, experience of making an appointment and recommending the practice were above local and national averages:

- 90% of respondents found it easy to get through to this surgery by phone compared to the CCG average of 77% and national average of 71%.
- 82% patients described their experience of making an appointment as good compared to the CCG average of 78% and national average of 73%.
- 87% of respondents would recommend this surgery to someone new to the area compared to the CCG average of 84% and national average of 77%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were positive about the standard of care received. We spoke with three patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy. Overall feedback from patients indicated that they were satisfied with access to the practice. However, three said there could be a long wait for routine appointments and two said there could be a long wait to see a preferred GP.

The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014.



# Summary of findings

Results from April 2017 to September 2017 showed there had been 685 responses completed and 97% of the respondents were either extremely likely or likely to recommend the practice.

## Areas for improvement

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

- Review the system put in place to broaden the scope of issues considered to be a significant event to ensure this is effective.
- Monitor recruitment records to ensure that all the required information is obtained.
- Checks of cleaning standards should take place at the branch practice.
- Review the system put in place to monitor which prescriber the printable prescriptions are distributed to.
- A central system to monitor staff training should be put in place.

# Alderley Edge Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Alderley Edge Medical Practice

Alderley Edge Medical Centre is responsible for providing primary care services to approximately 8050 patients. The practice is situated in Talbot Road in Alderley Edge, East Cheshire. There is also a branch practice situated at Hope Cottage, Prestbury. The practice is based in an area with lower levels of economic deprivation when compared to other practices nationally. Approximately 9% of patients are over the age of 75.

The staff team includes six partner GPs, three practice nurses, a health care assistant, two phlebotomists, a practice manager and administration and reception staff. There are both male and female GPs. The nursing team and health care assistant are female. The practice is a training practice for GP registrars.

Alderley Edge Medical Centre is open from 8am to 6.30pm Monday to Friday and on Saturday mornings for pre-bookable appointments from 8.30am to 10.30am. The branch practice is open Monday to Friday 8am to 12.30pm. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, by

calling 111. The main practice is on two floors and there is a lift to assist patients. The branch practice is located on the ground floor of a two storey building. Both practices have small on-site car parks.

The practice has a General Medical Service (GMS) contract. The practice offers a range of enhanced services including, minor surgery, near patient testing, extended hours and learning disability health checks.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

# Detailed findings

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

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

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to

share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We carried out an announced inspection on 26 September 2017. We sought views from patients face-to-face and reviewed CQC comment cards completed by patients. We spoke to clinical and non-clinical staff. We observed how staff handled patient information and spoke to patients. We explored how the GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

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

There was a system in place for reporting, recording and investigating significant events. Staff spoken with knew how to identify and report a significant event. The practice carried out an analysis of significant events and this also formed part of the GPs' individual revalidation process. We looked at a sample of significant events from the practice found that action had been taken to improve safety in the practice where necessary. The practice held staff meetings at which significant events were discussed in order to cascade any learning points. We found that the scope of what was considered to be a significant event could be broadened to allow for further improvements in service delivery. Following the inspection the provider informed us how they planned to do this and provided us with a new recording template to allow for further events to be reported and analysed.

There was a system in place for the management of patient safety alerts and we were given examples of the action taken.

### Overview of safety systems and processes

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The practice had systems in place to monitor and respond to requests for attendance/reports at safeguarding meetings. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and told us they had received training on safeguarding children and vulnerable adults relevant to their role. The practice met with the health visiting and midwifery service monthly and liaised with other childcare professionals to discuss any concerns about children and their families and how they could be best supported.
- A notice was displayed advising patients that a chaperone was available if required. Nurses, the health care assistant and non-clinical members of staff acted as chaperones and they had received guidance for this role. A Disclosure and Barring Service (DBS) check had been undertaken for clinical staff who acted as chaperones. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Non-clinical staff who may chaperone had not received a DBS check. A risk assessment to determine whether this was needed had not been recorded. This was addressed following the inspection.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. Cleaning standards were audited by the cleaning company employed by the practice. The practice manager checked on these standards at the main practice but did not do this at the branch practice. A practice nurse was the infection prevention and control (IPC) clinical lead. They were new to this role and had planned to liaise with the local infection prevention teams to keep up to date with best practice. There were IPC protocols and the staff told us they had received training regarding the main principles of infection control and hand washing. Annual IPC audits were undertaken and action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescriptions were overall securely managed. However there was no record made of the serial numbers and which prescriber the printable prescriptions were distributed to. A template to record this information was provided following the inspection. We looked at the systems in place to review patients prescribed high risk medications and found these were appropriately managed. There was a system in place to manage uncollected prescriptions.
- We reviewed the personnel files of two staff employed within the last 12 months. Records showed that most of the necessary information was available. However, there were no references for one of the staff. We were informed that a reference had not been sought as there was no recent employer to provide this. We advised that in such circumstances a personal reference should be sought. Following the inspection we were provided with evidence that this had been requested. We looked at a

## Are services safe?

sample of clinical staff records that showed a DBS check had been undertaken for clinical staff. A system was not in place to carry out periodic checks of the General Medical Council (GMC), Performers List and Nursing and Midwifery Council (NMC) to ensure the continued suitability of staff. We were provided with evidence that these checks had been undertaken following the inspection.

- The practice used locum GPs to cover sickness and holidays. We looked at the records of five self-employed locum GPs. Records showed that all the necessary pre-employment checks had been carried out. One Criminal Records Bureau (CRB) check had been undertaken in 2004 which does not provide a recent assessment of their suitability. Following the inspection the practice manager confirmed that they planned to revise the locum recruitment procedure to ensure an up to date DBS check was obtained and that the locum GP had been informed that their services would not be used until an up to date DBS was provided.

### Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There were up to date fire risk assessments and regular fire safety equipment tests were carried out. We noted that an action arising from the fire risk assessment to put in place carbon monoxide monitors by the boilers was outstanding. We were provided with evidence that this had been addressed following the inspection. Electrical

equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Up to date electrical wiring certificates for the buildings were available.

- We found that patients' records were not securely held at the branch practice. Following the inspection we were provided with evidence that some patient records were now in a lockable cupboard. The practice manager reported that a further lockable cupboard would be obtained for the remaining patient records and we were provided with confirmation of this.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Staff had received basic life support training. The practice had a defibrillator and oxygen available on the premises which was checked to ensure it was safe for use. There were emergency medicines available which were all in date, regularly checked and held securely. The practice had a business continuity plan which covered major incidents such as power failure or building damage and included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinical staff we spoke with told us they used best practice guidelines to inform their practice, for example, they had access to National Institute for Health and Care Excellence (NICE) guidelines on their computers. Clinical staff attended training and educational events to keep up to date with best practice. GPs we spoke with confirmed they used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital via a system which ensured an appointment was provided within two weeks. Reviews took place of prescribing practices to ensure that patients were provided with the most appropriate medications.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had a clear system in place to ensure that patients were called in for reviews of their health conditions. Current unpublished QOF results showed the practice was performing well in relation to these targets.

We saw that audits of clinical practice were undertaken. Examples of audits included audits of minor surgery and an audit of reviews of patients prescribed contraceptive medication. The audits showed changes had been made to practice where this was appropriate. The practice had also carried out audits of medication to ensure appropriate prescribing.

The GPs and nursing team had key roles in monitoring and improving outcomes for patients. These roles included the management of long term conditions, minor surgery, sexual health and learning disability. The clinical staff we spoke with told us they kept their training up to date in their specialist areas. This meant that they were able to focus on specific conditions and provide patients with regular support based on up to date information.

Staff worked with other health and social care services to meet patients' needs. The practice had monthly multi-disciplinary meetings to discuss the needs of patients with complex and palliative care needs. Patient notes were updated following these meetings.

### Effective staffing

- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety, health and safety and confidentiality as well as employment related matters. Newly employed staff worked alongside experienced staff to gain knowledge and experience. Locum GPs were provided with information they needed for their role and a locum pack was in place providing written information and sign posting to support this.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. An appraisal system was in place to ensure staff had an annual appraisal. Doctors had appraisals, mentoring and facilitation and support for their revalidation.
- Staff told us they felt well supported and had access to appropriate training to meet their learning needs and to cover the scope of their work. For example, a nurse we spoke with was planning to undertake an advanced diabetes training course. All staff received training that included: safeguarding adults and children, fire procedures, basic life support, infection control and information governance awareness. Clinical and non-clinical staff told us they were provided with specific training dependent on their roles. Clinical staff told us they had received training to update their skills such as cytology, immunisations and minor surgery.
- A record was made of training on individual computerised records. There was not a central system to review staff training completed which would assist with planning to meet staff training needs. Protected learning time was given to enable staff to update their learning and develop their skills and knowledge. Staff had access to and made use of e-learning training modules, in-house training and training events provided by the Clinical Commissioning Group to keep up to date.

### Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff through the

# Are services effective?

(for example, treatment is effective)

practice's patient record system and their intranet system. This included assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services and the out of hours services.

## **Consent to care and treatment**

We spoke with clinical staff about patients' consent to care and treatment and found this was sought 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 however not all had received formal training in this area. When providing care and treatment for children and young people clinical staff told us assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to medical records.

## **Supporting patients to live healthier lives**

New patients completed a health questionnaire and were asked to attend a consultation with a GP if they were prescribed continuous medication. The practice offered national screening programmes, vaccination programmes and long term condition reviews. Health promotion information was available in the reception area and on the website. The practice had links with health promotion services and recommended these to patients, for example, smoking cessation, alcohol services, weight loss programmes and exercise services. Childhood immunisation were given and there was a system to ensure that any missed immunisations were followed up with parents or a health visitor.

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. The practice encouraged its patients to attend national screening programmes for cervical, bowel and breast cancer screening and promoted these services to inform patients about their importance.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were positive about the standard of care received. We spoke with three patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy.

Data from the national GP patient survey July 2017 (data collected from January-March 2017) showed that patients responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were comparable to or above local and national averages, results showed for example:

- 95% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92% and national average of 89%.
- 91% said the GP gave them enough time compared to the CCG average of 90% and national average of 86%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 92% said the nurse was good at listening to them compared to the CCG average of 93% and national average of 91%.
- 97% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.

The practice reviewed national GP patient survey results and discussed them with the Patient Participation Group (PPG) to establish how the practice was performing and where any improvements could be made.

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

We spoke with three patients who told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by clinical staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was overall positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or above local and national averages. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 82%.
- 90% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 83% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. For example, translation services were available and information could be made available in large print if needed. A hearing loop was available.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations. Information about support groups was also available on the practice website.



## Are services caring?

Written information was available to direct carers to the various avenues of support available to them. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 90 (approximately 1%) of patients as carers. Carers were provided with information about support groups and organisations. Alerts were placed on their records to ensure appropriate support was offered in the event of their illness and an annual influenza immunisation was offered. The practice was working to identify further carers to ensure they had access to appropriate support.

Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement. Clinicians told us that there was a bereavement protocol to ensure carers and next of kin received a sensitive approach from the practice, this included a GP contacting relatives following a bereavement to offer support.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to improve outcomes for patients in the area. For example, the practice offered enhanced services including, minor surgery, near patient testing, extended hours and learning disability health checks. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs.

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

- Urgent access appointments were available for children and for any patients with medical needs that required a same day consultation.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- GPs visited three local nursing homes weekly. Visits were carried out by the same clinicians to provide continuity.
- The practice nurse provided home visits for chronic disease management.
- There were longer appointments available for patients, for example older patients, patients with a long term condition and patients experiencing poor mental health.
- Care plans were in place for patients with a high risk of being admitted to hospital. A care co-ordinator followed up all hospital discharges to assess what support was needed to minimise re-admission to hospital.
- Housebound patients could order repeat medication by telephone and a medication delivery service was provided through the patients chosen pharmacy. Arrangements were in place to have medication measured out in special containers where medication was complex or patients were vulnerable.
- A system was in place for weekly signed prescription where patients were at risk.
- The practice had a list of volunteer patients who were willing to transport patients to the practice for appointments.
- 24 hour blood pressure monitoring machines were available to any patients who needed them.

- The practice provided in-house services such as international normalised ratio (INR) monitoring, electrocardiogram, phlebotomy and smoking cessation which meant patients could receive these services locally rather than having to travel to another service.
- Travel vaccinations and travel advice were provided by the nursing team.
- Influenza vaccinations were given on Saturday mornings to make sure patients could access this service.
- The practice produced a quarterly newsletter which provided patients with information such as the services available, health promotion, changes at the practice and support and advice for carers.
- The practice engaged with the local community by advertising events at the practice in a local free newspaper.
- The practice was purpose built and provided space and facilities to meet patients various needs. For example, there were large consulting rooms to accommodate wheelchairs, prams and families, baby feeding and changing facilities, automatic doors, wide corridors and accessible toilets.
- A representative from the Patient Participation Group (PPG) attended a local Healthwatch meeting and fed back to the PPG which was attended by practice staff.
- The practice used Facebook and Twitter to communicate with patients who used these services.
- Patients could book an appointment with the Citizens Advice Bureau through a receptionist.

### Access to the service

Alderley Edge Medical Centre was open from 8am to 6.30pm Monday to Friday and on Saturday mornings for pre-bookable appointments from 8.30am to 10.30am. The branch practice was open Monday to Friday 8am to 12.30pm. The appointment system provided pre-bookable and on the day appointments. Patients could book appointments in person, via the telephone and on-line. Repeat prescriptions could be ordered on-line and by attending the practice. Telephone consultations and home visits were also provided. Mobile phone texts were made to remind patients about appointments and reduce missed appointments and for health campaigns.

# Are services responsive to people's needs?

## (for example, to feedback?)

Results from the national GP patient survey from July 2017 (data collected from January-March 2017) showed that patient's satisfaction with access to care and treatment was overall in-line with local and national averages. For example results showed:

- 87% of patients said they were able to get an appointment to see or speak to someone last time they tried compared to the CCG average of 90% and national average of 84%.
- 79% of patients said the last appointment they got was convenient compared to the CCG average of 87% and national average of 81%.
- 75% of patients were satisfied with the surgery's opening hours compared to the CCG average of 77% and national average of 76%.
- 87% of patients described their overall experience of this surgery as good compared to the CCG average of 90% and the national average of 85%.
- 85% of respondents found the receptionists at the surgery helpful compared to the CCG average of 89% and national average of 87%.
- 59% of respondents said they usually got to see or speak to their preferred GP compared to the CCG average of 59% and national average of 56%.

Responses to satisfaction with opening times, experience of making an appointment and recommending the practice were above local and national averages:

- 90% of respondents found it easy to get through to this surgery by phone compared to the CCG average of 77% and national average of 71%.
- 82% patients described their experience of making an appointment as good compared to the CCG average of 78% and national average of 73%.

- 87% of respondents would recommend this surgery to someone new to the area compared to the CCG average of 84% and national average of 77%.

We received 20 comment cards and spoke to three patients. Feedback from patients indicated that overall they were satisfied with access to appointments and opening hours. However, three said there could be a long wait for routine appointments and two said there could be a long wait to see a preferred GP.

The practice had a system to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### **Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available for patients to refer to in the patient information booklet and on the practice website. This included the details of who the patient should contact if they were unhappy with the outcome of their complaint. A copy of the complaint procedure was available at the reception desk.

The practice kept a record of written complaints. We reviewed a sample of three complaints. Records showed they had been investigated, patients informed of the outcome and action had been taken to improve practice where appropriate.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a statement of purpose which outlined its aims and objectives. These included providing the best possible care, involving patients in decisions about their care and treatment and ensuring all staff had the skills they needed to competently carry out their roles. The staff we spoke with knew and understood the aims and objectives of the practice and their responsibilities in relation to these.

### Governance arrangements

Policies and procedures were in place to govern activity, identify and manage risks.

There were clear systems to enable staff to report any issues and concerns. We looked at a sample of significant events and found that action had been taken to improve safety in the practice where necessary. We found that the scope of what was considered to be a significant event could be broadened to allow for further improvements in service delivery. Following the inspection the provider informed us how they planned to do this and provided us with a new recording template to allow for further events to be reported and analysed. The practice had completed clinical audits to evaluate the operation of the service and the care and treatment given. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance.

### Leadership and culture

We spoke with clinical and non-clinical members of staff and they were all clear about their own roles and responsibilities. The GP partners were visible in the practice and staff told us they were approachable.

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

Meetings took place to share information, look at what was working well and where any improvements needed to be made. The practice closed one afternoon per month which allowed for learning events and practice meetings. Clinical staff told us they met to discuss new protocols, to review complex patient needs, keep up to date with best practice

guidelines and review significant events. The reception and administrative staff met informally to discuss their roles and responsibilities and share information. The GP partners and the practice manager met to look at the overall operation of the service and future development.

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. There was an active PPG which met regularly with representatives from the practice to discuss the operation of the service and any new developments. We met with two PPG members who told us they were asked for and submitted proposals for improvements to the practice management team. For example, the PPG had recommended text messaging for cancelling appointments to reduce the amount of missed appointments and text reminders for health campaigns such as influenza vaccinations. The practice had introduced a system to enable this. The PPG carried out a patient survey in January 2017. Records showed that the action arising from this was to provide additional pre-bookable appointments on Saturday mornings. This was provided and a further survey indicated no issues with booking appointments. The PPG worked with the practice to ensure patients were kept informed about important issues through the practice newsletter. For example, newsletters provided information on services for carers and support groups.
- The practice gathered feedback from staff through staff meetings and informal discussion. Staff told us they would give feedback and discuss any concerns or issues with colleagues and management.

### Continuous improvement

There was a clear focus on continuous learning and improvement at all levels within the practice. For example, the practice was continually reviewing access to ensure it met patient needs and had as a result reviewed the appointment system, introduced an extended hours service and telephone reminder service to reduced missed appointments. The practice was planning to introduce

# Are services well-led?

Good 

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

eConsult, an online tool for patients to access online consultations. An electronic audit system was also being introduced to monitor patient access. The practice had introduced new information systems to better meet patient

needs and improve communication. The practice was planning to hold an away day to improve staff cohesion and was reviewing lead responsibilities amongst the clinicians to ensure a fair work distribution.