Helsby Street Medical Centre

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Helsby Street Medical Centre on 4 May 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.
- 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. For example, infection control practices were good and there were regular checks on the environment and on equipment used.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- 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 the skills, knowledge and experience to deliver effective care and treatment.
- Staff felt well supported in their roles and were kept up to date with appropriate training.
- Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- The appointments system was flexible to accommodate peoples' needs. Overall patients told us they could get an appointment when they needed one. However, a small number of patients said they had difficulty in getting through to the practice by telephone and in getting an appointment.
- The practice had good facilities, including disabled access. It was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available. Complaints had been investigated and responded to in a timely manner.
- The practice had a clear vision to provide a safe and high quality service.

Summary of findings

- There was a clear leadership and staffing structure and staff understood their roles and responsibilities.
- 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 consulting with a patient participation group (PPG).

The areas where the provider should make improvement are:

- Review and make improvements to the telephone access and appointment request system.
- Review and update the information provided to patients about how they can make a complaint about the service.

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?

Good

The practice is rated as good for providing safe services.

- 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded them from abuse.
- Staff had been trained in safeguarding and they were clearly aware of their responsibilities to report safeguarding concerns. Information to support them to do this was widely available throughout the practice and staff provided examples of when they had reported concerns.
- Infection control practices were carried out appropriately and in line with best practice guidance.
- Health and safety checks related were carried out on the premises and on equipment on a regular basis.
- The practice had a large and well established staff team. Staff recruitment checks had been carried out appropriately for newer members of staff.
- Systems for managing medicines were effective and the practice was equipped with a supply of medicines to support people in a medical emergency.

Are services effective?

Good

The practice is rated as good for providing effective services.

- 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. For example; the percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that included an assessment of asthma control was 75% which compared to the national average of 75%.
- The practice worked in conjunction with other practices in the locality to improve outcomes for patients.

Summary of findings

- Staff worked on 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 clinical care and treatment provided.
- Clinical audits were carried out to drive improvement in outcomes for patients.
- Staff felt well supported and they had the training, skills, knowledge and experience to deliver effective care and treatment.
- A system of appraisals was in place and regular staff meetings were held.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Feedback we received from patients about the caring nature of staff was very positive.
- Data from the national patient survey showed that patients generally rated the practice comparable to others locally and nationally for aspects of care. For example, having tests and treatments explained to them and for being treated with care and concern.
- Information for patients about the services available to them was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- The practice maintained a register of patients who were carers in order to tailor the services provided.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of the local population and worked in collaboration with partner agencies to secure improvements to services where these were identified and to improve outcomes for patients.
- The appointment system was flexible and responsive to patients' needs. The practice provided early morning appointments three days per week and a late appointment one evening per week. The practice also worked as part of a cluster of practices to enable patients to access primary care outside of core hours.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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 the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management.
- There were systems in place to govern the practice and support the provision of good quality care. This included arrangements to identify risks and to monitor and improve quality.
- 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 had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. 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 clear focus on continuous learning, development and improvement linked to outcomes for patients. The challenges and future developments of the practice had been considered.

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

Good

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

- 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 a named GP for patients over the age of 75 and the screening of patients for dementia.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were similar to or better than local and national averages.
- GPs carried out regular visits to local care homes 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.
- The practice had hosted two events for patients over the age of 75. These included guest speakers and provided patients with advice on medicines, accident prevention and health promotion.

People with long term conditions

Good

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. 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.

Summary of findings

- Regular, structured health reviews were carried out for patients with long term conditions. Patients with several long term conditions were offered a single, longer appointment to avoid multiple visits to the surgery. Home visits were also provided for patients who required these.
- Data from 2014 to 2015 showed that the practice was performing in comparison with other practices locally and nationally for the care and treatment of people with chronic health conditions such as diabetes. For example, the percentage of patients with diabetes, on the register, who had had an influenza immunisation was 96% compared to a national average of 94%.
- The practice provided an enhanced service to prevent high risk patients from unplanned hospital admissions. This included these patients having care plans, a review of their medicines, a named GP and access to an alternative phone number for easier access to the practice.
- Regular clinical meetings were held to review the clinical care and treatment provided and ensure this was in line with best practice guidance.

Families, children and young people

Good

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.
- Staff we spoke with had appropriate knowledge about child protection and they had ready access to safeguarding policies and procedures.
- Child surveillance clinics were provided for 6-8 week olds and immunisation rates were comparable to the national average for all standard childhood immunisations. The practice monitored non-attendance of babies and children at vaccination clinics and reported any concerns appropriately.
- Family planning services were provided. The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 83% which was comparable to the national average of 81%.
- Babies and young children were offered an appointment as priority and appointments were available outside of school hours.

Summary of findings

- The premises were suitable for children and babies and baby changing facilities were available.

Working age people (including those recently retired and students)

Good

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 with early morning appointments available three days per week and late appointments avialable one evening per week.
- The practice was also part of a cluster of practices whose patients could access appointments at a local Health and Wellbeing Centre up until 8pm in the evenings Monday to Friday, and from 8am to 8pm Saturdays and Sundays, through a pre-booked appointment system.
- Telephone consultations were available and these were advantageous for people in this group as they 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 request for repeat prescriptions. Electronic prescribing was also provided.

People whose circumstances may make them vulnerable

Good

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 had a GP lead for people with a learning disability and for people with drug and alcohol misuse issues.
- The practice worked with other health and social care professionals in the case management of vulnerable people. A social care practitioner attended the practice weekly to support

patients with health and social care or support needs. The practice also hosted a drug and alcohol misuse clinic once per week. The GPs also provided primary care to patients living at a local womens' refuge.
- There was an adult safeguarding lead. Staff knew how to recognise signs of abuse in 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 was accessible to people who required disabled access and facilities and services such as a translation service were available.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Data about how people with mental health needs were supported showed that outcomes for patients using this practice were similar to patients locally and nationally. For example, data showed that 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in the preceding 12 months. This compared to a national average of 88%.
- The practice provided an enhanced service to proactively offer assessment to patients at risk of dementia and to improve the quality and effectiveness of care provided to patients with dementia.
- The practice worked with other health and social care professionals in the case management of people experiencing poor mental health, including those with dementia.
- 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.
- Processes were in place to prompt patients for medicines reviews at intervals suitable to the medication they took.
- Patients experiencing poor mental health were informed about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The results of the national GP patient survey published on 7January 2016 showed the practice was performing similar to other practices for patients' experiences of the care and treatment provided. 228 survey forms were distributed and 107 were returned which equates to a 37% response rate. The response represents approximately 1% of the practice population.

Overall, the practice received scores that were comparable to 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 clinicians .

For example:

- 95% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 90% and national average of 88%.
- 90% said the last nurse they spoke to was good at listening to them (CCG average 92% national average 91%).
- 80% said the last GP they saw or spoke to was good at giving them enough time (CCG average 89%, national average 86%).
- 96% said the last nurse they saw or spoke to was good at giving them enough time (CCG average 94%, national average 91%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 96% said they had confidence and trust in the last nurse they saw or spoke to (CCG average 98%, national average 97%).

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

- 50% 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 60% and a national average of 73%.
- 57% described their experience of making an appointment as good (CCG average 68%, national average 73%).
- 74% were fairly or very satisfied with the surgery's opening hours (CCG average 73%, national average 78%).
- 81% found the receptionists at the surgery helpful (CCG average 84%, national average 86%).

A similar to average percentage of patients, 81%, described their overall experience of the surgery as good or fairly good. This compared to a CCG average of 82% and a national

average of 85%.

We spoke with ten patients during the course of the inspection visit and they told us the care and treatment they received was 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 25 comment cards. All of these were positive about the standard of care and treatment patients received.

We received positive feedback about staff in all roles. When describing staff patients used terms such as: 'polite', 'helpful', 'friendly', 'understanding' and 'supportive'. Patient's comments in comment cards included; 'The service I receive is excellent' and 'We are always treated with great care and patience'.

Three out of ten patients we spoke with told us they found it difficult getting through to the practice by telephone. This was also reflected in three of the patient comment cards we received. Some felt the practice provided only 'call on the day' appointments. Our findings were that the appointments system was more

flexible than this with a range of pre-bookable appointments available. The practice manager agreed to review the way in which reception staff dealt with appointment requests in response to our feedback.

Areas for improvement

Action the service SHOULD take to improve
Action the provider should take to improve:

- Review and make improvements to the telephone access and appointment request system.
- Review and update the information provided to patients about how they can make a complaint about the service.

Helsby Street Medical Centre

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 Helsby Street Medical Centre

Helsby Street Medical Centre is located at 2 Helsby Street, Warrington, Cheshire WA1 3AW. The practice was providing a service to approximately 8,300 patients at the time of our inspection. The practice is situated in an area with average levels of deprivation when compared to other practices nationally. The percentage of patients with a long standing health condition is lower than the local and national average.

The practice is run by four GP partners (two male and two female). There are two practice nurses, one health care assistant, a practice manager and a team of reception/ administration staff. The practice is open from 8am to 6.30pm Mondays and Fridays, 7.30am to 6.30pm Wednesdays and Thursdays and 7.30am to 8pm on Tuesdays. The practice had signed up to providing longer surgery hours as part of the Government agenda to encourage greater patient access to GP services. As a result patients could access a GP at a Health and Wellbeing Centre in the centre of Warrington from 6.30pm until 8pm Monday to Friday and between 8am to 8pm Saturdays and Sundays. This was by pre-booked appointment. Outside of practice hours patients can access the Bridgewater Trust for primary medical services. The practice is a training practice for trainee GPs and it also hosts medical students.

The practice has a General Medical Services (GMS) contract. The practice provides a range of enhanced services, for example: extended hours, childhood vaccination and immunisation schemes, checks for patients who have a learning disability and avoiding unplanned hospital admissions.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 4 May 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, a health care assistant, the practice manager, reception and administrative staff.
- Spoke with patients who used the service and met with members of the patient participation group (PPG).

Detailed findings

- 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 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 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)

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.

Good

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a form for recording these available on the practice's computer system. The incident recording form supported the recording of 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). The practice carried out a thorough analysis of significant events. Significant events and matters about patient safety were discussed at regular practice meetings and a bi-annual review of significant events was carried out. We were assured that lessons learnt from events had been shared appropriately and changes to practise had been implemented to prevent a re-occurrence.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, that included:

- 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. Contact details and process flowcharts for reporting concerns were displayed in the clinical areas. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. One of the GPs was the lead member of staff for child safeguarding and another lead on adult 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 staff provided a recent example of how they had raised a safeguarding concern.
- 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 but not all staff who acted as chaperones had undergone a Disclosure and Barring Service check (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice manager agreed to address this with immediate effect.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A GP was the infection control lead. There was an infection control protocol in place and staff had received up to date training. Regular infection control audits were carried out. The practice had achieved a high score of 99% compliance for the last audit and we saw evidence that action had been taken since the audit to make improvements.
- The arrangements for managing medicines, including emergency drugs and vaccinations were appropriate and safe. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. There was a system to ensure the safe issue of repeat prescriptions. Patients who were prescribed potentially harmful drugs were monitored regularly and appropriate action was taken if test results were abnormal. Staff attended regular meetings with the Clinical Commissioning Group (CCG) to look at prescribing issues across the locality and how these could be improved. A system was in place to account for prescriptions and they were stored securely.
- The practice had a stable staff team. 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 for staff 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 checks.

Monitoring risks to patients

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

- There was a health and safety policy available with a poster in the reception office. The practice had an up to date fire risk assessments. The practice also had a variety of other risk assessments in place to ensure the

Good

Are services safe?

safety of the premises such as infection control and Legionella. Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was 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

The practice had arrangements in place to respond to 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. Emergency call buttons were also located in each consulting room.
- 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.
- Systems were in place to record accidents and incidents.
- A system was in place for responding to patient safety alerts. These were shared during regular practice and clinical meetings.
- 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.

Good

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. NICE provides evidence-based information for health professionals.

The practice had good systems in place to keep all clinical staff up to date with best practice guidance. Staff had ready access to guidelines from NICE. Regular clinical meetings were used to discuss NICE guidance and GPs took a lead for sharing the learning from guidance at these. GPs demonstrated how they followed treatment pathways and provided treatment in line with best practice guidance. This included how they used national standards for the referral of patients to secondary care, for example the referral of patients with suspected cancers.

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. QOF 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 95.9% of the total number of points. The exception reporting rates (reporting for the number of patients excluded from the results) were generally below average. This practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2014 to March 2015 showed;

- Performance for diabetes related indicators were comparable to the Clinical Commissioning Group (CCG) average and national average. For example, the percentage of patients with diabetes, on the register, who had had influenza immunisation in the preceding eight months was 96% compared to a CCG average of 94% and a national average of 94%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 94% compared to a CCG average of91% a national average of 89%.
- The performance for mental health related indicators was comparable to the national average. For example, 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 90% (CCG average 92%, national average of 88%).
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 77% (CCG average 85%, national average 84%).

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 found there had been a number of clinical audits completed in the last two years. These were completed audits where the improvements made had been demonstrated. For example, an audit had been carried out using evidence based criteria to improve the diagnosis and treatment of patients with a urinary tract infection. This demonstrated improvements for patients in terms of both diagnosis methods and treatments.

Clinicians attended a weekly meeting to discuss clinical matters including the care and treatment provided to patients with complex needs.

The practice was part of a cluster of practices signed up to provide a community heart failure service on a pilot basis. Patients registered at Helsby Street Medical Centre could access the service at a neighbouring practice.

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.

Good

Are services effective?

(for example, treatment is effective)

- Staff told us they felt appropriately trained and experienced to meet the roles and responsibilities of their work. Staff had been provided with training in core topics including: safeguarding, fire procedures, basic life support and information governance awareness. 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, podiatry and spirometry. Other role specific training included training in topics such as administering vaccinations and taking samples for the cervical screening programme.
- Clinical staff held lead roles in a number of areas. For example dermatology, learning disability, drug misuse and women's health. Staff knew who the clinical leads were and patients could be allocated clinicians based on their clinical presentation or known health conditions or needs.
- 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 provided staff with the opportunity to review/evaluate their performance and plan for their training and professional development.
- Staff attended a range of internal and external meetings. GP attended meetings with the CCG and two of the GPs were leads in the CCG. Practice nurses attended local practice nurse forums. The practice was closed for one half day per month to allow for 'protected learning time' which enabled staff to attend meetings and undertake training and professional development opportunities.
- The practice was a training practice. We spoke with a trainee GP who gave us very positive feedback about the quality of the training and support provided by the GPs.

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.

The practice reviewed hospital admissions data on a regular basis. GPs used national standards for the referral of patients with suspected cancers to be referred and seen within two weeks. Systems were in place to ensure referrals to secondary care and results were followed up.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

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 and with secondary care services.

Consent to care and treatment

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

- 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.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Good

Are services effective?

(for example, treatment is effective)

The practice identified patients in need of extra support. These included patients in the last 12 months of their lives, patients with conditions such as heart failure, hypertension, epilepsy, depression and kidney disease. Patients with these conditions or at risk of developing them were referred to or signposted for lifestyle advice such as dietary advice or smoking cessation.

Information and advice was available about how patients could access a range of support groups and voluntary organisations. The practice hosted a drug and alcohol misuse support service on a weekly basis.

The practice encouraged patients to attend national screening programmes. The practice's uptake for the cervical screening programme was 83%, which was comparable with the local average of 82.63% and the national average of 81%. There was a policy to offer reminders for patients who did not attend for their cervical screening tests.

Childhood immunisation rates for the vaccinations given were high and comparable to the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 92% to 98%.

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.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Music was played in waiting areas as an extra aid to this. 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 25 comment cards we received were positive and very complimentary about the caring nature of the service provided by the practice. Patients said they felt the practice offered an 'excellent' service and staff were helpful and treated them with dignity and respect. Patients' feedback described staff as; 'polite', 'helpful', 'friendly', 'understanding' and 'supportive'. Patient's comments included; 'The service I receive is excellent' and 'We are always treated with great care and patience'.

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 January to March 2015 and July to September 2015. Overall the practice scored similar to average when compared to Clinical Commissioning Group (CCG) and national scores. However, they received a lower than average score for patients feeling they had been given enough time. For example:

- 80% of respondents said the last GP they saw was good at giving them enough time compared to a CCG average of 89% and a national average 86%.
- 96% said the last nurse they saw or spoke to was good at giving them enough time (CCG average of 94%, national average of 91%.
- 81% 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 87 %, national average 85%).
- 89% 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 90%, national average 90%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 96% said they had confidence and trust in the last nurse they saw or spoke to (CCG average of 98%, national average 97%).

The practice scored similar to local and national averages with regards to the helpfulness of reception staff and patients' overall experiences of the practice: For example:

- 81% of respondents said they found the receptionists at the practice helpful compared to a CCG average of 84.4% and a national average of 86%.
- 81% described their overall experience of the practice as 'fairly good' or 'very good' (CCG average 82%, national average 85%).

We met with two members of the patient participation group (PPG). The PPG was well engaged and they told us they attended bi-monthly meetings with staff at the practice. Members of the PPG provided us with examples of the how their feedback had resulted in changes at the practice. For example the practice had recently increased the timescales for enabling patients to pre-book on line appointments from two weeks to three weeks.

We also spoke with an additional eight patients who were attending the practice at the time of our inspection. All of the patients we spoke with gave us very positive feedback about the caring nature of staff in all roles. We found during discussions with staff that they consistently demonstrated a patient centred approach to their work.

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:

- 95% of respondents said the last GP they saw was good at listening to them compared to a CCG average of 90% and a national average of 88%.

Good

Are services caring?

- 90% said the last nurse they saw or spoke to was good at listening to them (CCG average of 92%, national average of 91%).
- 84% said the last GP they saw was good at explaining tests and treatments (CCG average of 86%, national average of 86%).
- 89% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average of 90%, national average of 89%).
- 77% said the last GP they saw was good or very good at involving them in decisions about their care (CCG average 82%, national average of 81%).
- 88% said the last nurse they saw or spoke to was good or very good at involving them in decisions about their care (CCG average 85%national average of 85%).

Staff told us that translation services were available for patients who did not have English as their first language. The practice's website provided information about the services provided in a wide range of languages.

Patient and carer support to cope emotionally with care and treatment

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

A social care practitioner attended the practice weekly to support patients with health and social care needs.

The practice maintained a register of carers and at the time of the inspection there were 91 carers on the register. The practice's computer system alerted GPs if a patient was also a carer. Carers could be offered longer appointments if required. They were also offered flu immunisations and health checks.

Patients receiving end of life care were signposted to support services. GPs contacted family members following a bereavement and they signposted them to bereavement support services.

Good

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 at risk and developing care plans with them to prevent an unplanned admission.

Access to the service

The practice was open from 8am to 6.30pm Mondays and Fridays, 7.30am to 6.30pm Wednesdays and Thursdays and 7.30am to 8pm on Tuesdays. The practice had also signed up to providing longer surgery hours as part of the Government agenda to encourage greater patient access to GP services. As a result patients could access a GP at a Health and Wellbeing Centre in the centre of Warrington from 6.30pm until 8pm Monday to Friday and between 8am to 8pm Saturdays and Sundays. This was by pre-booked appointment.

The appointment system provided a range of appointments to meet patients' needs. Urgent appointments were available on the day and routine appointments could be made on the day or they could be pre-booked. Longer appointments and home visits were available for older patients and patients with enhanced needs. Same day appointments were provided for patients who required an urgent appointment and for babies, young children and patients with serious medical conditions.

Three out of the ten patients we spoke with told us they sometimes found it difficult to get an appointment. This was also reflected in three of the patient comment cards we received. Patients told us this was because if they had not managed to get through to the practice by phone early in the day then all of the appointments had been allocated and they had to call again the following day. The practice manager told us that the appointments system allowed for patients to be offered a range of alternative appointments if there were none available 'on the day' and they showed us the system which supported this. The practice manager told us they would work with reception staff to ensure patients were offered the range of alternative appointments that were available.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to or lower than local and national averages.

- 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 50% compared to a CCG average of 60% and a national average of 73%.
- The percentage of patients who were 'very satisfied' or 'fairly satisfied' with their GP practice opening hours was 74% (CCG average 73%, national average of 78%).
- 67% said they were able to get an appointment the last time they wanted to see or speak with a GP or nurse (CCG average 70%, national average 76%).
- 57% of patients described their experience of making an appointment as good (CCG average 68%, national average 73%).

The practice had made changes to the appointments system in response to feedback from patients and they assured us they would continue to do so.

The practice provided an alternative number for patients with enhanced needs to be able to access the practice more readily. This could also be used by healthcare professionals as required.

The practice was located in a purpose built building. The premises were accessible and facilities for people who were physically disabled were provided. Other reasonable adjustments were made and action taken to remove barriers when people found it hard to use or access services. For example, easy read letters were sent inviting patients who had a learning disability into the practice and translation services were available.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. A complaints policy and procedure was in place. However, this required review to ensure it was fully reflective of the correct process for managing complaints. Patients were provided with information about how to make a complaint and how they could expect their complaint to be dealt with including their right to approach the Parliamentary and Health Service Ombudsman if they were not satisfied with the outcome of their complaint.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We looked at complaints made to the practice in the last 12 months and found that these had been handled appropriately. Complaints had been logged, investigated and responded to in a timely manner and patients had been provided with an explanation and an apology when this was appropriate.

Complaints received were discussed at regular practice meetings. We found that lessons had been learnt from concerns and complaints and action had been taken to improve patients' experience 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 clear vision to deliver high quality care and promote good outcomes for patients. Staff in all roles knew and understood this vision. The feedback we received from patients indicated that they were very happy with the standard of care and treatment provided and that they experienced good outcomes from the service.

The GP partners had knowledge of and incorporated local and national objectives into their work. Two of the GP partners held a lead position with the Clinical Commissioning Group. The practice was a training practice and the GPs who provided the training had recently undergone a reaccreditation to continue to train. We viewed some of the feedback from this process and it was very positive.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. There were arrangements for identifying, recording and managing risks and for implementing actions to mitigate risks.

The GPs used evidence based guidance in their clinical work with patients. 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.

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).

There were clear methods of communication across the staff team. Records showed that regular meetings were carried out as part of the quality improvement process to improve the service and patient care.

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, openness and transparency

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 high quality care. They prioritised safe, high quality and compassionate 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). The processes for reporting concerns were clear and staff told us they felt confident to raise any concerns without prejudice.

There was a clear leadership and staffing structure and staff were well aware of their roles and responsibilities. Staff in all roles told us they felt respected, valued, supported and appropriately trained and experienced to meet their responsibilities.

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

The practice actively encouraged and valued feedback from patients. We spoke with the practice manager about the fact that a number of patients had told us they had difficulty in making an appointment. The practice manager told us how they would take immediate action to address the issues raised.

The practice had an established patient participation group (PPG). Members of the PPG told us they attended regular meetings 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.

The practice used information from complaints to make improvements to the service. Complaints received were discussed at regular practice meetings and any learning from complaints was shared across the staff team.

Are services well-led?

Good

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

Staff were involved in discussions about how to develop the practice, and the partners encouraged members of staff to identify opportunities to improve the service delivered by the practice through a system of regular staff meetings and appraisals.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. This included the practice providing training for GPs, being involved in local schemes to improve outcomes for patients and having representation on the CCG. The GPs had considered the future development needs of the practice. Areas for future development included; re-designing the building, employing a salaried GP, employing a nurse prescriber and providing trainee nurse mentoring.