

# The Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Surgery on 23 March 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. However, the practice was not always demonstrating that they were fully investigating events and taking action in response to the learning from these.
- Systems were in place to deal with medical emergencies and 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.
- Patients gave us positive feedback about the appointments system. The majority of patients we spoke with told us they could get through to the practice by phone easily and they could get a routine or urgent appointment when they needed one.
- 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 but some of this needed updating. The

# Summary of findings

majority of complaints had been investigated and responded to in a timely manner, but we saw a small that required timely investigation and action to prevent re-occurrence. These were linked to significant events.

- There was a clear leadership and staff 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 must make improvement are:

- The provider must ensure a robust system is in place for recording, investigating and taking action in response to significant events.
- The provider must make improvements to the complaints process to ensure; patients are provided

with accessible and accurate information about how to make a complaint and the various stages of this, all complaints are fully investigated in an appropriately timely manner and action is taken to prevent a re-occurrence.

The areas where the provider should make improvement are:

- Introduce a protocol and guidance for reception staff in dealing with appointment requests.
- Carry out a risk assessment to support the decision not to carry out DBS checks for all staff and review the role of staff that have not had a DBS check as part of this.
- Review the process for referring patients to secondary care for tests or treatments to ensure the referrals are timely.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services.

**Requires improvement**



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. However, the practice was not always demonstrating that they were fully investigating events and taking timely action in response to the learning from these.
- The practice had systems, processes and practices in place to keep people safe and safeguarded them from abuse. Staff had been trained in safeguarding and they were aware of their responsibilities to report safeguarding concerns. Information to support them to do this was widely available throughout the practice.
- Safety checks were carried out on the premises and on equipment used.
- Infection control practices were carried out appropriately and in line with best practice guidance.
- The practice had an established team of clinical 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?

The practice is rated as good for providing effective services.

**Good**



- Patients' needs were assessed and care was planned and delivered in line with best practice guidance.
- The practice monitored its performance data and had systems in place to improve outcomes for patients. Data showed that outcomes for patients were comparable to national averages. For example the percent of patients who had undergone health screening and immunisations was in line with national averages.
- The practice worked in conjunction with other practices in the locality to improve outcomes for patients.
- Staff worked on a multidisciplinary basis to meet the needs of people receiving end of life care.
- Clinicians met on a regular basis to review the needs of patients and the clinical care and treatment provided.

# Summary of findings

- 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 staff appraisals was in place and all staff had an appraisal within the past 12 months.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients we spoke with gave us positive feedback about the caring nature of staff.
- Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Data from the national patient survey showed that patients 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.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of the local population and worked in collaboration with partner agencies to secure improvements to services where these were identified and to improve outcomes for patients.
- The appointment systems was flexible and responsive to patients needs. The vast majority of feedback we received indicated that patients found it easy to make an appointment. The practice had made changes to the appointments system in response to feedback from patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available however this was not always accurate and patients were not consistently informed of the different stages of complaints and relevant agencies that complaints could be referred to.

## Are services well-led?

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

Good



# Summary of findings

- 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.
- There was a culture of openness and the provider was aware of and complied with the requirements of the Duty of Candour.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had an established and engaged patient participation group (PPG) who were consulted with. Members of the PPG gave us examples of how the practice had made improvements to the service as a result of their feedback.
- There was a focus on continuous learning, development and improvement for staff at all levels linked to outcomes for patients.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care and treatment to meet the needs of the older people in its population. The practice kept up to date registers of patients with a range of health conditions (including conditions common in older people) and used this information to plan reviews of health care and to offer services such as vaccinations for flu.
- The practice provided a range of enhanced services, for example, the provision of care plans for patients over the age of 75 and screening 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 GPs held special interests in conditions commonly found in older people and there was a designated GP lead for the care of patients over 75 years of age.
- Staff had been provided with training in dementia awareness to support them in supporting patients with dementia care needs.

### People with long term conditions

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

Good



- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required immunisations received these.
- The GPs had lead roles in chronic diseases and practice nurses held dedicated lead roles for chronic disease management. As

# Summary of findings

part of this they provided regular, structured reviews of patients' health. Patients with several long term conditions were offered a single, longer appointment to avoid multiple visits to the surgery.

- The practice was providing a community heart failure service as a pilot project as part of a cluster of practices within the locality.
- Data from 2014 to 2015 showed that the practice was comparable with other practices 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 93.03% compared to a national average of 94.45%.
- Longer appointments and home visits were available for patients with long term conditions when these were required.
- The practice contacted patients following admission to hospital to check if they required any services from the practice.
- The practice held regular multi-disciplinary meetings to discuss patients with complex needs and patients receiving end of life care.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and those who were at risk, for example, children and young people who had a high number of A&E attendances. A GP was the designated lead for child protection.
- 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 staff told us they would report any concerns they had identified to relevant professionals.
- Appointments were available outside of school hours.
- The premises were suitable for children and babies and baby changing facilities were available.
- Family planning services were provided and the practice had a lead for sexual health and contraception.

Good





# Summary of findings

- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 80.47% which was comparable to the national average of 81.83%.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Telephone consultations were available and this meant patients did not always have to attend the practice in person.
- The practice was 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 Sunday mornings, through a pre-booked appointment system.
- The practice provided a full range of health promotion and screening that reflected the needs of this age group. Screening uptake for people in this age range was comparable to or above national averages. For example 78% of females aged 50-70 had been screened for breast cancer in the last three years compared to a national average of 72.2%.
- The practice was proactive in offering online services including the booking of appointments and request for repeat prescriptions. Electronic prescribing was also provided.

**Good**



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

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

- The practice held a register of patients living in vulnerable circumstances in order to provide the services patients required. For example, a register of people who had a learning disability was maintained to ensure patients were provided with an annual health check and to ensure longer appointments were provided for patients who required these.
- A designated GP had a lead role for patients who have a learning disability.
- The practice provided primary care to people who have a learning disability who were living in a local care home.

**Good**



# Summary of findings

- 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 hearing loop system (used to support patients who wear a hearing aid) and translation services were available.
- Information and advice was available to about how to access a range of support groups and voluntary organisations.

## 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).

- Data about how people with mental health needs were supported showed that outcomes for patients using this practice were similar to or better than average. For example, data showed that 85.11% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This compared to a national average of 84.01%.
- The practice provided an enhanced service for screening patients to identify patients at risk of dementia and to develop care plans with them.
- Practice staff had been provided with training in dementia awareness to support them in supporting patients with dementia care needs.
- The practice had a designated GP lead for 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.

Good



# Summary of findings

## What people who use the service say

The results of the national GP patient survey published on 7 January 2016 showed the practice was performing similar to and better than other practices for patients' experiences of the care and treatment provided and their interactions with clinicians. However, the practice scored lower than local and national averages for questions about patients' experiences of making an appointment. 277 survey forms were distributed and 108 were returned which equates to a 39% response rate. The response represents approximately 1% of the practice population.

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

For example:

- 94.9% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 90.6% and national average of 88.6%.
- 95.6% said the last nurse they spoke to was good at listening to them (CCG average 92.6% national average 91%).
- 91.8% said the last GP they saw gave them enough time (CCG average 89.2%, national average 86.6%).
- 98.2% said they had confidence and trust in the last GP they saw (CCG average 96.8%, national average 95.2%).

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

- 40.06% 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 national average of 73.26%.
- 61.2% described their experience of making an appointment as good compared to a CCG average of 68.1% and a national average 73.3%.
- 58.57% were fairly or very satisfied with the surgery's opening hours (national average 78.3%).
- 79% found the receptionists at the surgery helpful (CCG average 84.4%, national average 86.8%).
- 21.6% said they always or almost always got to see or speak to their preferred GP (national average of 36%).

85.46% of patients who completed the survey described their overall experience of the surgery as 'fairly good' or 'very good' compared to a national average of 85.05%.

We spoke with 14 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 32 comment cards. The vast majority of these were positive about the standard of care and treatment patients received. A small number cited a concern with getting an appointment and with reception staff sometimes being abrupt. But overall staff were described as 'respectful', 'helpful', 'good', 'excellent' and 'caring'. Patient's comments included; 'An excellent service all round' and 'A well organised and efficient practice'.

## Areas for improvement

### Action the service MUST take to improve

Action the provider must take to improve:

- The provider must ensure a robust system is in place for recording, investigating and taking action in response to significant events.
- The provider must carry out a health and safety risk assessment and plan to mitigate risks.
- The provider must make improvements to the complaints process to ensure; patients are provided with accessible and accurate information about how

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to make a complaint and the various stages of this, all complaints are fully investigated in an appropriately timely manner and action is taken to prevent a re-occurrence.

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

Action the provider should take to improve:

- Introduce a protocol and guidance for reception staff in dealing with appointment requests.
- Review the process for referring patients to secondary care for tests or treatments to ensure the referrals are timely and information is of a consistent quality.

# The Surgery

## 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, a practice manager specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

### Background to The Surgery

The Surgery is located at 1 Manchester Road, Warrington, Cheshire, WA1 3AD. The practice was providing a service to approximately 10,800 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 conditions is similar to the local and national average.

The practice is run by five GP partners. There is an additional salaried GP. There are two practice nurses, one health care assistant, a practice manager and a team of reception/administration staff.

The surgery at 1 Manchester Road is open Mondays; 8:30am - 12:30pm and 3pm - 6pm, Tuesdays 9am - 12:30pm and 3pm - 6pm, Wednesday 8:30am - 12:15pm, Thursdays 9am - 12:30pm and Friday 9am - 12:30pm and 3pm - 6pm. Patients could access the provider's other surgery at 28 Holes Lane, Woolston, Warrington WA1 4NE from 8am to 6.30pm Monday to Friday. 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 has a Personal Medical Services (PMS) 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 23 March 2016. During our visit we:

# Detailed findings

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

# 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. Staff told us significant events were discussed at regular clinical meetings and additional meetings were scheduled twice per year to review significant events. We looked at the records of significant events and in most cases these lacked detail about the actual events and what action was taken as a result. We also discussed a number of recent events with staff and found that action had not been taken in a timely manner to investigate events and implement any required changes to practice.

National safety alerts were emailed to the appropriate person in the practice to deal with. The practice manager agreed to maintain an audit of these to demonstrate the actions taken.

### Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse, which 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. 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. There was a lead member of staff for safeguarding. The GPs provided reports where necessary for other agencies. 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.
- 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 we found that not all staff who chaperoned 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 by ensuring that only staff who had a relevant check acted as a chaperone.

- The practice had a contract with a cleaning company and we saw that this was being monitored. We observed the premises to be clean at the time of our inspection. A practice nurse was the infection control clinical lead and they liaised with the local infection prevention team to keep up to date with best practice as required. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken and the practice had achieved 100% compliance when last audited.
- 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. The provider had taken action to ensure medicines prescribing was in line with national prescribing data. Staff attended regular meetings with the Clinical Commissioning Group (CCG) to look at prescribing issues across the locality and how these could be improved.
- We reviewed a sample of staff personnel files in order to assess the staff recruitment practices. Our findings showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, proof of qualifications, proof of registration with the appropriate professional bodies and checks through the Disclosure and Barring Service (DBS). However, the provider had not carried out a risk assessment to support their decision not to carry out DBS checks for all staff.

### Monitoring risks to patients

## Are services safe?

There were a number of procedures in place for monitoring and managing risks to patient and staff safety. However, some of these required improvement.

- There was a health and safety policy available with a poster in the reception office. Safety checks were carried out on the premises and on equipment used including portable appliance testing.
- 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 the different staffing groups to ensure that enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

The practice had adequate 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.
- Staff had received annual basic life support training.
- The practice had emergency medicines, oxygen and a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises. A system was in place to monitor the expiry dates of emergency medicines and the medicines we checked were in date and fit for use.
- Systems were in place to record accidents and incidents. Although, not all staff we spoke with were clear about where the incident report book was.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The clinicians assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. NICE provides evidence-based information for health professionals.

Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. GPs demonstrated that they followed treatment pathways and provided treatment in line with the guidelines for people with specific health conditions. They also demonstrated how they used national standards for the referral of patients to secondary care, for example the referral of patients with suspected cancers. The provider had produced a range of assessment tools to ensure that the care and treatment provided to people who had long term conditions was reviewed and planned in line with best practice guidance.

The practice monitored the implementation of best practice guidelines through regular clinical meetings. These meetings also provided an opportunity for peer oversight and challenge on clinical decisions.

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 QOF results showed that the practice had achieved 99.5% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 01/04/2014 to 31/03/2015 showed;

- Performance for diabetes related indicators were comparable to the Clinical Commissioning Group (CCG)

and national averages. For example, the percentage of patients with diabetes, on the register, who had had influenza immunisation was 96.98% compared to a national average of 94.45%.

- 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 93.49% compared to a national average of 89.9%.
- 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 92.81% compared to a national average of 88.47%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 79.31% compared to a national average of 84.01%.

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 two cycle completed audits where the improvements made were implemented and monitored. For example, one audit had been carried out with regards to the treatment of patients with atrial fibrillation (a heart condition that causes an irregular and often abnormally fast heart rate). This showed an increase in the number of patients assessed and treated in line with current evidence based guidance for the treatment of atrial fibrillation.

Clinicians attended a weekly clinical meeting to discuss clinical matters and review the care and treatment provided to patients with complex needs. Multi-disciplinary meetings were also held to review the care and treatment provided to people receiving end of life care.

One of the GP partners had a special interest (accredited) in Cardiology. The practice provided a community heart failure service for patients from its own practice and from four other practices as part of a pilot scheme.

# Are services effective?

## (for example, treatment is effective)

### Effective staffing

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

- The practice had an induction programme for newly appointed members of staff.
- Staff told us they felt appropriately trained and experienced to meet the roles and responsibilities of their work. 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 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 range of areas including; diabetes, chronic obstructive pulmonary disease (COPD), asthma, peripheral artery disease, heart failure, sexual health, contraception and mental health. Staff across the practice knew who the clinical leads were and patients could be allocated clinicians based on their clinical presentation or known health conditions.
- Clinical staff were kept up to date with relevant training, accreditation and revalidation. There was a system in place for annual appraisal of staff. Appraisals provide staff with the opportunity to review/evaluate their performance and plan for their training and professional development.
- Staff attended a range of internal and external meetings. GP attended meetings with the CCG and one GP was a lead 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.
- We spoke with a Foundation Year 2 doctor who was on placement at the practice. They 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.

We looked at how patients were referred to secondary care for tests or treatments. Referrals were made the same day for suspected cancers under the two week urgent referral pathway. However, we saw that some other urgent referrals took longer to be made than routine referrals. We also noted some variance in the quality of information clinicians provided to staff to support the referrals process.

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. As part of this the practice had developed care plans with patients to prevent unplanned admissions to hospital and they monitored unplanned admissions.

### Consent to care and treatment

Staff sought patient's 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.
- The practice had written to relevant residential establishments to establish if any of the patients registered with them were subject to a Deprivation of Liberty Safeguard (DoLS). This was in response to the learning from a significant event.
- 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.

# Are services effective?

(for example, treatment is effective)

## Health promotion and prevention

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, depression, kidney disease and those at risk of developing a long-term condition. 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 encouraged patients to attend national screening programmes. The practice's uptake for the cervical screening programme was 80.47%, which was comparable with the national average of 81.83%. The

practice also encouraged patients to attend national screening programmes for bowel and breast cancer. The screening rates for both of these were higher than the national average. There was a policy to offer reminders for patients who did not attend for their screening tests.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93.3% to 99%.

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.

# 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. The reception area was open to the main waiting area. 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. The vast majority of the 32 comment cards we received were positive about the caring nature of the service provided by the practice. Patients' feedback described staff as; 'respectful', 'helpful', 'good', 'excellent' and 'caring'. We did note that a small number of comment cards cited dissatisfaction with the manner of reception staff.

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 - March 2015 and July - September 2015. The practice scored higher than average when compared to Clinical Commissioning Group (CCG) and national scores for matters such as; patients being given enough time, being treated with care and concern and having trust in clinical staff. For example:

- 91.8% of respondents said the last GP they saw gave them enough time compared to a CCG average of 89.2% and a national average 86.6%.
- 87.68% 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 (national average 85.34%).
- 94.2% said the last nurse they saw or spoke to was good at giving them enough time (CCG average of 94.3%, national average of 91.9%).
- 95.94% said that the last time they saw or spoke to nurse, they were good or very good at treating them with care and concern (national average 90.58%).

- 98.2% said they had confidence and trust in the last GP they saw (CCG average 96.8%, national average 95.2%).
- 100% said they had confidence and trust in the last nurse they saw or spoke to (CCG average of 98.1%, national average 97.1%).

The practice scored lower than local and national averages in with regards to the helpfulness of reception staff and for patients seeing their preferred GP: For example:

- 79% of respondents said they found the receptionists at the practice helpful compared to a CCG average of 84.4% and a national average of 86.8%.
- 21.6% of respondents to the GP patient survey stated that they always or almost always see or speak to the GP they preferred compared to a national average of 36.17%.

85.46% of respondents described their overall experience of the practice as 'fairly good' or 'very good'. This compared to a national average of 85.05%.

We met with two members of the patient participation group (PPG). The PPG was well engaged and actively involved in areas of development. They gave us good feedback about their experience of the practice and they provided us with examples of the how their feedback had resulted in changes. For example the practice had made changes to the waiting area in response feedback from the PPG.

We also spoke with an additional 12 patients who were attending the practice at the time of our inspection. All patients we spoke with gave us very positive feedback about the caring nature of the GPs and other clinical staff. They told us there was good consistency in terms of the clinical staff they saw.

### 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. They told us they never felt rushed during consultations and that they received good explanations about their care and treatment needs. One patient told us the GPs always checked that they understood what they had discussed with them. Patient feedback on the comment cards we received was also positive and aligned

## Are services caring?

with these views. Results from the national GP patient survey showed the practice had scored comparable to and higher than local and national averages for patient satisfaction in these areas. For example:

- 94.9% of respondents said the last GP they saw was good at listening to them compared to a CCG average of 90.6% and a national average of 88.6%.
- 95.6% said the last nurse they saw or spoke to was good at listening to them (CCG average of 92.6%, national average of 91.0%)
- 89.8% said the last GP they saw was good at explaining tests and treatments (CCG average of 86%, national average of 86%).
- 91.5% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average of 90.8%, national average of 89%)
- 81.13% said the last GP they saw was good or very good at involving them in decisions about their care and treatment (national average of 81.61%).

- 89.86% said the last nurse they saw or spoke to was good or very good at involving them in decisions about their care (national average of 85.09%).

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

The practice's computer system alerted GPs if a patient was also a carer. Carers could be offered longer appointments if required.

Patients receiving end of life care were signposted to support services. Staff sent bereavement cards to carers following bereavement and they signposted them to bereavement support services.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

The appointment system was well managed and sufficiently flexible to respond to people's needs. Urgent on the day appointments were released throughout 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 and patients with serious medical conditions.

### Access to the service

The surgery at 1 Manchester Road was open Mondays; 8:30am - 12:30pm and 3pm - 6pm, Tuesdays 9am - 12:30pm and 3pm - 6pm, Wednesday 8:30am - 12:15pm, Thursdays 9am - 12:30pm and Friday 9am - 12:30pm and 3pm - 6pm. Patients could access the provider's other surgery at 28 Holes Lane, Woolston, Warrington WA1 4NE from 8am to 6.30pm Monday to Friday. 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 Sunday mornings. This was by pre-booked appointment.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages. For example;

- The percentage of respondents who gave a positive answer to 'Generally how easy is it to get through to someone at your GP surgery on the phone' was 40.06% compared to a national average of 73.26%.

- The percentage of patients who were 'very satisfied' or 'fairly satisfied' with their GP practice opening hours was 58.57% compared to a national average of 78.3%.
- 69.84% said they were able to get an appointment the last time they wanted to see or speak with a GP or nurse, compared to a national average of 76.06%.
- 61.2% of patients described their experience of making an appointment as good (CCG average 68.1%, national average 73.3%).

The provider told us they regularly reviewed and adjusted the appointments system in response to feedback. All of the patients we spoke with on the day of the inspection told us that they were able to get an appointment when they needed one and only two out of the 34 comment cards we received cited dissatisfaction with the appointments system.

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, a hearing loop system was available to support people who had difficulty hearing and translation services were available.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. A complaints policy and procedure was in place. However, this needed updating to reflect changes in the practice and contact details for referring complaints to NHS England or the Parliamentary and Health Services Ombudsman.

We looked at complaints received in the last 12 months and found that these had not always been handled consistently. Complaints had been logged, investigated and patients had been provided with an explanation and an apology when this was appropriate. However, not all of the responses provided to patients provided them with information about what they could do if they were not satisfied with the outcome of their complaint.

Overall we found that lessons had been learnt from complaints and action had been taken improve the quality

## Are services responsive to people's needs? (for example, to feedback?)

of care and patients' experience of the service. However, a small number of complaints had not been fully investigated or actioned in an appropriately timely manner. These were linked to significant events.



# 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. Feedback from patients indicated that they were 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. One of the GP partners was a lead with the Clinical Commissioning Group. Another GP partner was a director for 'Warrington Health Plus'. This is a community interest company funded by the Prime Minister's Challenge Fund. The practice worked with a cluster of practices as part of 'Warrington Health Plus' to provide a community heart failure service for patients from its own practice and from four other practices. This was a pilot scheme and the practice was working closely with secondary care in providing this.

### Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. However, the systems in place for responding to significant events were not fully robust and required improvement.

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 or higher than 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. The provider had started to improve how these meetings were recorded to ensure the minutes were detailed and informative.

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

The partners in the practice 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 listened to them.

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 processes for reporting concerns were clear and staff told us they felt confident to raise any concerns without prejudice.

Staff were aware of which GPs had lead roles and special interests for the different areas of work and therefore they knew who to approach for help and advice.

There was a clear leadership and staffing structure and staff were aware of their roles and responsibilities. Staff in all roles felt supported and appropriately trained and experienced to meet their responsibilities. Staff had been provided with a range of training linked to their roles and responsibilities.

There had been changes to the management of the practice and new systems were being implemented at the time of our inspection. Some of these were in progress and had not fully embedded.

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

The practice actively encouraged and valued feedback from patients. The practice had a well-established and engaged patient participation group (PPG). Members of the PPG told us they attended regular meetings with staff at practice and they gave us a number of examples of how the practice had made improvements to the service in response to their feedback.



# Are services well-led?

Good 

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

The practice used information from complaints received to make improvements to the service. However, the management of complaints required some improvement to ensure that lessons learned from complaints was acted upon in a timely manner to prevent a re-occurrence.

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

## Continuous improvement

There was continuous learning and improvement at all levels within the practice. The GPs and management team were aware of challenges to the service and were actively working to meet these. An example of this being that they had recognised the limitations of the building within the context of the patient population growth and they were planning to extend the premises to meet this.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance  The provider did not have a sufficiently robust system in place for recording, investigating and taking action in response to significant events.  Regulation 17 (1)(2)(b)(f).
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

  

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance  The complaints procedure did not provide patients with accurate and up to date information about how to make a complaint.  The provider was not always fully investigating complaints in an appropriately timely manner and taking action to prevent a re-occurrence.  Regulation 16 (1) (2).
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	