

Rode Heath 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 Rode Heath Surgery on 10, 17 and 24 January 2017.

Overall the practice is rated as good but requires improvement for providing safe services.

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

- There were systems in place to reduce risks to patient safety, for example, equipment checks were carried out, staff were trained to manage medical emergencies and procedures were in place to promote infection control. However, improvements were needed to ensure the safety of the premises.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff were aware of procedures for safeguarding patients from the risk of abuse.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff felt well supported. They had access to training and development opportunities and had received training appropriate to their roles.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We saw staff treated patients with kindness and respect.
- Services were planned and delivered to take into account the needs of different patient groups.
- Access to the service was monitored to ensure it met the needs of patients.
- Information about how to complain was available. There was a system in place to manage complaints.
- There were systems in place to monitor and improve quality and identify risk.

Summary of findings

We saw an area of outstanding practice:

- A member of the Patient Participation Group (PPG) had set up a Patient and Carers Group that had been established for six years and was now run every Friday from a room at the providers other practice, Greenmoss Medical Centre. Patients were able to drop-in for a cup of tea and advice and support around health and social issues. The group had assisted patients to make healthcare appointments, attend hospital visits and access social services. The Patient and Carers Group also provided support to socially isolated patients. The group had close links with the Police Community Support Officer who visited the group to provide information on local matters which were of concern to patients. The group had established a patient transport service due to the limited availability of public transport and the rural nature of the local community. This was funded by donations and subscriptions and provided transport to the Patient and Carers Group, GP and hospital appointments.

However there were areas of practice where the provider must make improvements:

- The provider must ensure that the electrical wiring at the premises is safe and that a legionella risk assessment is undertaken.
- The provider must ensure medicines requiring refrigeration are stored within the recommended temperature range.

The areas where the provider should make improvements are:

- Review the process for regular monitoring of prescriptions that have not been collected.
- Implement a system for tracking blank prescription forms through the practice in accordance with national guidance.
- Maintain a central record of training undertaken by all staff to assist with monitoring their training needs.
- Arrangements should be introduced to ensure the outcomes from audits are regularly shared between clinicians.

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 as an up to date electrical wiring inspection had not been carried out and a legionella risk assessment had not been undertaken. A robust system was not in place for ensuring medication was stored within the recommended temperature range. We found that improvements should be made to the management of medication.

However, safety events were reported, investigated and action taken to reduce the chance of a re-occurrence. There were appropriate systems in place to ensure that equipment was safe to use. There were systems to protect patients from the risks associated with insufficient staffing levels, medicines management and infection control. Staff were aware of procedures for safeguarding patients from the risk of abuse.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Quality monitoring took place however we found arrangements should be introduced to ensure the outcome from audits are regularly shared between clinicians. Staff had access to training and development opportunities and had received training appropriate to their roles. A central record of training undertaken by all staff should be maintained to assist with monitoring their training needs.

Good



Are services caring?

The practice is rated as good for providing caring services. We saw that staff treated patients with kindness and respect. Patients spoken with and who returned comment cards were positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Patients felt involved in planning and making decisions about their care and treatment.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Services were planned and delivered to take into account the needs

Good



Summary of findings

of different patient groups. A range of access to the service was provided and this was monitored to ensure it met the needs of patients. The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint.

Are services well-led?

The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance and staff meetings. The practice proactively sought feedback from staff and patients, which it acted on.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. The practice was knowledgeable about the number and health needs of older patients using the service. They kept up to date registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles. Home visits were carried out by GPs and practice nurses to housebound patients to carry out reviews of health, respond to health concerns and administer flu vaccinations. The practice worked with other agencies and health providers to provide support and access specialist help when needed. Multi-disciplinary meetings were held to discuss and plan for the care of frail and elderly patients. The practice met with community matrons and the complex care practitioner to coordinate medical and social care for older patients or patients with complex needs. This specialist help supported patients who may otherwise require a hospital admission. Older patients were able to access the Patient and Carers Group that ran every Friday from a room at the Greenmoss Medical Centre. Patients were able to drop-in for a cup of tea and advice and support around health and social issues. The group had close links with the Police Community Support Officer who visited the group to provide information on local matters which were of concern to patients. The group had established a patient transport service due to the limited availability of public transport and the rural nature of the local community. This was funded by donations and subscriptions and provided transport to the Patient and Carers Group, GP and hospital appointments.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. The practice had a system in place to make sure no patient missed their regular reviews for long term conditions. The practice aimed to ensure that patients were able to have their long term conditions reviewed in one visit to reduce the need for multiple appointments. For example, if a patient needed to see the dietician a same day appointment would be made. The nursing team took the lead for different long term conditions and kept up to date in their specialist

Good



Summary of findings

areas. A practice nurse made home visits to carry out reviews. They worked closely with the community matron and complex care practitioner to support patients with long term conditions who were housebound which assisted in preventing hospital admissions. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs. The practice worked with other agencies and health providers to provide support and access to specialist help when needed. In-house ECG examinations, 24 hour ambulatory blood pressure monitoring and spirometry services were also provided.

Families, children and young people

The practice is rated as good for the care of families, children and young people. Child health surveillance and immunisation clinics were provided. Childhood immunisation rates for the vaccinations given were comparable to local and in some instances above national averages. Priority was given to young children who needed to see the GP and appointments were available outside of school hours. The appointment system also provided flexibility, for example, appointments could be booked up to eight weeks in advance which assisted families to plan an appointment time that best suited their needs. The GPs liaised with other health care professionals, such as health visitors to ensure the needs of vulnerable children were addressed. Meetings with the health visiting services were held every two months allowing any concerns to be discussed. Accident and emergency attendances were monitored. Family planning services were also provided.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice appointment system and opening times provided flexibility to working patients and those in full time education. Patients could access services at either the Rode Heath Surgery or Greenmoss Medical Centre between the hours of 8am to 6.30pm Monday to Friday. The appointment system provided pre-bookable and on the day appointments. GP appointments could be booked up to eight weeks in advance. Patients could book appointments in person, via the telephone and on-line. Repeat prescriptions could be ordered on-line or by attending the practice. Telephone consultations were also offered. The practice website provided information around self-care and local services available for patients. The practice offered health promotion and screening that reflected the needs of this population group such as cervical screening, NHS health checks, smoking cessation advice and family planning services. Reception staff sign-posted patients who did not necessarily need to

Good



Summary of findings

see a GP. For example to services such as Pharmacy First (local pharmacies providing advice and possibly reducing the need to see a GP). The practice hosted health services such as phlebotomy, community dietician, community mental health worker, antenatal care and an orthopaedic clinic which meant patients could receive these services locally rather than having to travel to another service. A physiotherapy service is going to be based at the service from February 2017.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. Patients' electronic records contained alerts for staff regarding patients requiring additional assistance. For example, if a patient had a learning disability to enable appropriate support to be provided. The practice worked with health and social care services to support the needs of vulnerable patients. Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate services. A member of staff was the carer's link. The practice referred patients to local health and social care services for support, such as drug and alcohol services. Staff had received safeguarding training relevant to their role and they understood their responsibilities in this area. Monthly multi-disciplinary meetings were held which were an effective way of identifying vulnerable patients and any support they required.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients receiving support with their mental health. Patients experiencing poor mental health were offered an annual review. Longer appointments were also offered. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice referred patients to appropriate services such as psychiatry and counselling services. A community mental health worker was based at the practice and ran a weekly clinic which meant patients were able to access support locally. The staff team had received training in dementia awareness to assist them in identifying patients who may need extra support.

Good



Summary of findings

What people who use the service say

Data from the National GP Patient Survey July 2016 (data collected from July-September 2015 and January-March 2016) showed that the Rode Heath and the provider's other practice, Greenmoss Medical Centre were generally performing above local and national averages. The practice distributed 214 forms, 118 (55%) were returned which represents approximately 2.4% of the total practice population. The results showed:-

- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the Clinical Commissioning Group (CCG) average of 84% and national average of 85%.
- 89% of patients said they could get through easily to the surgery by phone compared to the CCG average of 59% and national average of 73%.
- 84% patients described their experience of making an appointment as good compared to the CCG average of 69% and national average of 73%.
- 94% of patients found the receptionists helpful compared to the CCG average of 85% and the national average of 87%.
- 80% of patients with a preferred GP said they usually get to see or speak to that GP compared to the CCG average of 63% and national average of 59%.
- 84% of patients described the overall experience of this GP practice as good compared to the CCG average of 69% and national average of 73%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and national average of 78%.

In relation to opening hours the practice results were below the local and national averages:

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.

The practice reviewed the results from the National GP Patient Survey and discussed any improvements that were identified and how these could be addressed with the patient participation Group (PPG). The practice had introduced an extended hours service to address patient satisfaction with opening hours but did not continue this due to low uptake by patients.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all positive about the standard of care received. We spoke with four patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy. Feedback from patients indicated that overall patients were able to get an appointment when one was needed, that they were able to get through to the practice by phone easily and they were happy with the practice opening hours

The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results from October to December 2016 showed that 62 responses had been received and 100% were either extremely likely or likely to recommend the practice to family or friends.

Areas for improvement

Action the service **MUST** take to improve

- The provider must ensure that the electrical wiring at the premises is safe and that a legionella risk assessment is undertaken.

- The provider must ensure medicines requiring refrigeration are stored within the recommended temperature range.

Action the service **SHOULD** take to improve

- Review the process for regular monitoring of prescriptions that have not been collected.

Summary of findings

- Implement a system for tracking blank prescription forms through the practice in accordance with national guidance.
- Maintain a central record of training undertaken by all staff to assist with monitoring their training needs.
- Arrangements should be introduced to ensure the outcomes from audits are regularly shared between clinicians.

Outstanding practice

- A member of the Patient Participation Group (PPG) had set up a Patient and Carers Group that had been established for six years and was now run every Friday from a room at the providers other practice, Greenmoss Medical Centre. Patients were able to drop-in for a cup of tea and advice and support around health and social issues. The group had assisted patients to make healthcare appointments, attend hospital visits and access social services. The Patient and Carers Group also provided support to socially isolated patients. The group had close links with the Police Community Support Officer who visited the group to provide information on local matters which were of concern to patients. The group had established a patient transport service due to the limited availability of public transport and the rural nature of the local community. This was funded by donations and subscriptions and provided transport to the Patient and Carers Group, GP and hospital appointments.

Rode Heath Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Rode Heath Surgery

Rode Heath Surgery is responsible for providing primary care services to approximately 4,813 patients. The practice is situated in Rode Heath in Stoke On Trent, Staffordshire. The provider also operates another practice close by called Greenmoss Medical Centre. Both practices share the same staff and have the same patient list. Both practices have medication dispensaries. Rode Heath Surgery is based in an area with lower than average levels of economic deprivation when compared to other practices nationally. The number of patients with a long standing health condition is above average when compared to other practices nationally.

The staff team includes four partner GPs, three practice nurses, a health care assistant, practice manager, dispensing, administration and reception staff. There are both male and female GPs. The nursing team and health care assistant are female.

The practice is open from 8.30am to 12.30pm Monday to Friday and from 1.30pm to 3.30pm on a Monday and from 4pm to 6.30pm Tuesday and Thursday. Patients are also able to access appointments at Greenmoss Medical Centre which is open 8.30am to 6.30pm Monday, Wednesday and Friday and from 8.30am to 2pm on Tuesday and 8.30am to 12.30pm on Thursday. Patients are directed to telephone

111 if they require out of hour's GP services. Out of hours services are provided by East Cheshire Trust. There is limited parking at the Rodeheath Surgery. A treatment room is located on the first floor and patients are advised about this so that they can access the Greenmoss Medical Centre if necessary. Patient facilities are on the ground floor at Greenmoss Medical Centre and the practice has a large car park for on-site parking.

The practice has a General Medical Service (GMS) contract. The practice offers a range of enhanced services such as minor surgery, influenza and shingles immunisations, facilitating timely diagnosis and support for patients with dementia and increased GP access to reduce unplanned hospital admissions.

Why we carried out this inspection

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

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?

Detailed findings

- 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)

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We carried out an

announced inspection on 10, 17 and 24 January 2017. We reviewed all available areas of the practice and reviewed how the dispensary operated. We sought views from patients face-to-face and reviewed CQC comment cards completed by patients. We spoke to clinical and non-clinical staff. We observed how staff handled patient information and spoke to patients. We explored how the GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting, recording and investigating significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via computer. All staff spoken with knew how to identify and report a significant event. The practice carried out an analysis of significant events and this also formed part of the GPs' individual revalidation process. We looked at a sample of significant events and found that action had been taken to improve safety in the practice where necessary. The practice held staff meetings at which significant events were discussed in order to cascade any learning points. A log of significant events was maintained which enabled patterns and trends to be identified. A review of the action taken following significant events was documented to demonstrate that actions identified had been implemented. There was a system in place for the management of patient safety alerts and we were given examples of the action taken.

Overview of safety systems and processes

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and procedures were accessible to all staff. The procedures clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A printed flowchart with telephone numbers was on display outlining the process of making a child and adult safeguarding referral. There was a lead member of staff for safeguarding. The practice had systems in place to monitor and respond to requests for attendance/reports at safeguarding meetings. Staff demonstrated they understood their responsibilities and they told us they had received safeguarding children training relevant to their role. A number of staff were due for refresher training and a date to undertake this had been arranged. The safeguarding lead GP liaised with the school health team, midwives and health visiting service to discuss any concerns about children and their families and how they could be best supported. The nursing team met with the health

visiting service every two months and directed any child welfare concerns to the lead GP for safeguarding. Alerts were placed on patient records to identify if there were any safety concerns.

- A notice was displayed in the waiting room and in treatment rooms, advising patients that a chaperone was available if required. All staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead and they liaised with the local infection prevention teams to keep up to date with best practice. There were infection control protocols in place and staff had received training and/or guidance relevant to their role. Training to update this knowledge was also planned. Infection control audits were undertaken by the infection control lead. An audit had been completed in August 2016 and an action plan drawn up to address areas for improvement. Records of meetings also showed there was a system to liaise with the management team to ensure actions identified were addressed.
- We reviewed the personnel files of three staff. Records showed that although most of the required recruitment information was in place a reference for one staff member had not been obtained. Evidence of a reference was provided following the inspection. A system was in place to carry out periodic checks of the Performers List, General Medical Council (GMC) and Nursing and Midwifery Council (NMC) to ensure the continued suitability of staff. A DBS check had been undertaken for all clinical staff. We reviewed the records of three self-employed locums. We found all the required information was available for one GP however there was no reference for the second GP and no reference, identity, DBS or liability insurance for the third. The partners confirmed they would not use any locum GPs until all the required recruitment information had been obtained. Following the inspection we were provided

Are services safe?

with evidence that all outstanding information had been obtained for the three locums currently deployed. The procedure for ensuring this information is obtained prior to employment had also been revised.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice overall kept patients safe. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Vaccines were securely stored and were in date. Blank prescription pads were recorded upon receipt into the practice and stored securely; however, prescriptions for use in printers were not tracked through the practice in accordance with national guidance.
- The medication dispensary was managed safely overall. There was a named GP responsible for the dispensary and staff told us they were an active presence in the dispensary. We saw records showing all members of staff involved in the dispensing process had received appropriate training, regular checks of their competency and annual appraisals. The practice had a system in place to assess the quality of the dispensing process and had signed up to the Dispensing Services Quality Scheme. There were standard operating procedures in place and a system in place to ensure the dispensary staff had read and understood them. Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were stored and destroyed in a safe and appropriate manner. We checked the stock balances of a sample of controlled drugs and found this to be correct. There were arrangements in place for the recording of significant events involving medicines; the practice had acted to adequately investigate these incidents or review dispensing practices to prevent a reoccurrence. We saw records relating to recent medicine safety alerts, and the action taken in response to them.
- Expired and unwanted medicines were disposed of in accordance with waste regulations. Staff routinely checked stock medicines were within expiry date and fit for use, and there was a standard operating procedure to govern this activity. Dispensary staff told us about procedures for monitoring prescriptions that had not

been collected. However, we found several uncollected prescriptions which were greater than three months old, and one from October 2016 which had not been followed up in accordance with the standard operating procedure. There was a system in place for the management of high risk drugs. We checked medicines stored in the medicines refrigerators and found they were stored securely with access restricted to authorised staff. Fridge temperatures were being recorded in line with national guidance; however temperatures outside of the recommended range for storing medicines had been recorded in the Rode Heath surgery. A system needs to be implemented to ensure medicines requiring refrigeration are stored within the recommended temperature range.

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 displayed for staff to refer to. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health.
- A legionella risk assessment had not been undertaken and there was not an up to date electrical wiring certificate. A manually operated fire alarm and torches rather than emergency lighting were in operation at the practice. This had been assessed as providing adequate warning of fire and lighting to assist escape from the building in the event of fire. During the inspection the practice manager informed us that they had arranged for the fire service to visit the premises to ensure these measures provided adequate safeguards. A fire drill had taken place within the last eight months. Regular checks were made of the manually operated fire alarm and torches to ensure they were fully operational.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Are services safe?

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff had up to date basic life support training. The practice had a defibrillator and

oxygen available on the premises which was checked to ensure it was safe for use. There were emergency medicines available which were all in date, regularly checked and held securely.

The practice had a business continuity plan 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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. Current results (data from 2015-2016) showed the practice had achieved 98.5% of the total number of points available which was comparable to local (96%) and national (95%) averages. The practice had an 8% exception reporting rate in the clinical domain (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects) compared to the Clinical Commissioning Group (CCG) (11%) and national (10%) averages. Data from 2015-2016 showed that outcomes were comparable to other practices locally and nationally:

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 87% compared to the CCG average of 83% and the national average of 83%.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 78% compared to the CCG average of 75% and the national average of 76%.

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 81% compared to the CCG average of 77% and the national average of 80%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the preceding 12 months was 100% compared to the CCG average of 90% and the national average of 89%.
- In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who were currently treated with anti-coagulation drug therapy was 91% compared to the CCG average of 86% and the national average of 87%.

We saw that audits of clinical practice were undertaken. Examples of audits included a two cycle audit of orthopaedic and physiotherapy referrals. We also saw audits of medication such as antibiotic prescribing and high risk medication and audits of cytology and minor surgery. These audits showed that changes had been made to practice as a result to improve patient care. We noted that the auditing programme could be developed further and the outcomes from audits were not regularly shared between clinicians.

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

Staff worked with other health and social care services to meet patients' needs. A meeting was held with the health visiting service to review the needs of children and their families. The practice also had multi-disciplinary meetings to discuss the needs of patients with complex and palliative care needs.

Effective staffing

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- An appraisal system was in place and the majority of staff had received an appraisal in the last 12 months. There was a plan in place to carry out the appraisals for the two remaining staff. A GP partner and practice manager carried out all staff appraisals to ensure they had a comprehensive overview of the developmental needs of all staff and to gather feedback from staff in all roles. Staff told us they felt well supported and had access to appropriate training to meet their learning needs and to cover the scope of their work. Doctors had appraisals, mentoring and facilitation and support for their revalidation.
- Staff received training that included: safeguarding, fire procedures, basic life support, infection control, health and safety and information governance awareness. The records showed some staff needed updates to refresh this training and the practice manager had scheduled several learning events. An overall record showing the training completed by GPs was not in place which would identify when they needed to complete generic training such as health and safety, fire safety and information governance. The practice manager reported that they would ensure a central record was maintained that would assist with planning for the training needs of all staff.
- Clinical and non-clinical staff told us they were provided with specific training dependent on their roles. Clinical staff told us they had received training to update their skills such as cytology, immunisations and minor surgery and that they attended training events provided by the Clinical Commissioning Group to keep up to date. We looked at individual appraisal records of GPs and a sample of certificates of training completed by nursing staff which showed they kept their clinical skills up to date.

Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. There were

systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services and the out of hours services.

Consent to care and treatment

We spoke with clinical staff about patients' consent to care and treatment and found this was sought in line with legislation and guidance. Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to medical records. Written guidance was available about consent to care and treatment.

Supporting patients to live healthier lives

New patients completed a health questionnaire and were asked to attend a health assessment with the practice nurse. The practice offered national screening programmes, vaccination programmes, children's immunisations and long term condition reviews. Health promotion information was available in the reception area and on the website. The practice had links with health promotion services and recommended these to patients, for example, smoking cessation, alcohol services, weight loss programmes and exercise services.

The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action. QOF information for the period of April 2015 to March 2016 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were comparable to other practices nationally. The practice encouraged its patients to attend national screening programmes for cervical, bowel and breast cancer screening and wrote to patients who did not attend to encourage them to do so.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages and in some instances above national averages. For example, childhood immunisation rates for the vaccinations given to under two

Are services effective?

(for example, treatment is effective)

year olds were 100% which was above the national expected rate of 90%. There was a system to ensure that any missed immunisations were followed up with parents or the health visitor.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations to promote privacy.

A member of the Patient Participation Group (PPG) had set up a Patient and Carers Group that had been established for six years and was now run every Friday from a room at the Greenmoss Medical Centre. Patients were able to drop-in for a cup of tea and advice and support around health and social issues. For example, the group had assisted patients to make healthcare appointments, attend hospital visits and access social services. The Patient and Carers Group also provided support to socially isolated patients. The group had close links with the Police Community Support Officer who visited the group to provide information on local matters which were of concern to patients. The group had established a patient transport service due to the limited availability of public transport and the rural nature of the local community. This was funded by donations and subscriptions and provided transport to the Patient and carers Group, GP and hospital appointments.

We received 27 comment cards and spoke to four patients. Patients indicated that their privacy and dignity were promoted and they were treated with care and compassion. A number of comments made showed that patients felt a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns.

Data from the National GP Patient Survey July 2016 (data collected from July-September 2015 and January-March 2016) showed that patients responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were comparable to or above local and national averages for example:

- 93% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.

- 93% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 99% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 97% said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.

The practice reviewed National GP Survey results and discussed these with the Patient Participation Group (PPG) to ensure patients were satisfied with the service provided and to look at how any issues raised could be addressed.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that they felt health issues were discussed with them. They also felt listened to and involved in decision making about the care and treatment they received.

Data from the National GP Patient Survey July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were comparable to or above local and national averages, for example:

- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.
- 97% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 98% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and national average of 85%.

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care. For example, translation services were available if needed, patient information could be made available in larger print if requested and there was a hearing loop at reception to assist patients.

Patient and carer support to cope emotionally with care and treatment

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

Written information was available to direct carers to the various avenues of support available to them. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 55 (approximately 1%) patients as carers. Patients were encouraged to complete carers' forms so they were able to access services provided by The Carers Trust, for example, advice and information about money and benefits, practical help and emotional support. The practice had a carers' links who was working to identify further carers to ensure they had access to the support services available.

Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to improve outcomes for patients in the area. For example, the practice offered a range of enhanced services including, minor surgery, influenza and shingles immunisations, facilitating timely diagnosis and support for patients with dementia and increased GP access to reduce unplanned hospital admissions.

The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs.

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

- Urgent access appointments were available for children and for any patients with medical needs that required a same day consultation.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- A practice nurse made home visits to carry out reviews of long term conditions. They worked closely with the community matron and complex care practitioner to support patients with long term conditions who were housebound which assisted in preventing hospital admissions.
- There were longer appointments available for patients, for example patients with a long term condition and patients experiencing poor mental health.
- The practice hosted health services such as phlebotomy, community dietician, community mental health worker, antenatal care and an orthopaedic clinic which meant patients could receive these services locally rather than having to travel to another service. A physiotherapy service was due to be based at the service for patients from February 2017.
- Travel vaccinations and travel advice were provided by the nursing team.
- The staff had received training in dementia awareness to assist them in identifying patients who may need extra support.
- The practice ran Saturday clinics to ensure all eligible patients received vaccination for influenza. Transport was provided to patients by the Parish Council.

- Reception staff sign posted patients to local resources such as Pharmacy First (local pharmacies providing advice and possibly reducing the need to see a GP)

Access to the service

The practice was open from 8.30am to 12.30pm Monday to Friday and from 1.30pm to 3.30pm on a Monday and from 4pm to 6.30pm Tuesday and Thursday. Patients could also access appointments at the Greenmoss Medical Centre which was open from 8.30am to 6.30pm Monday, Wednesday and Friday and from 8.30am to 2pm on Tuesday and 8.30am to 12.30pm on Thursday. The appointment system provided pre-bookable and on the day appointments. GP appointments could be booked up to eight weeks in advance. Patients could book appointments in person, via the telephone and on-line. Repeat prescriptions could be ordered on-line or by attending the practice. Telephone consultations were also offered. Patients were directed to telephone 111 if they required out of hour's GP services. The out of hours service provider for the practice was NEW (Nights, Evenings and Weekends) Cheshire.

Results from the National GP Patient Survey from July 2016 (data collected from July-September 2015 and January-March 2016) showed that patient's satisfaction with access to care and treatment were generally above local and national averages. For example:

- 89% of patients said they could get through easily to the surgery by phone compared to the CCG average of 59% and national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the Clinical Commissioning Group (CCG) average of 84% and national average of 85%.
- 84% patients described their experience of making an appointment as good compared to the CCG average of 69% and national average of 73%.
- 80% of patients with a preferred GP said they usually get to see or speak to that GP compared to the CCG average of 63% and national average of 59%.
- 84% of patients described the overall experience of this GP practice as good compared to the CCG average of 69% and national average of 73%.

In relation to opening hours the practice results were below the local and national averages:

Are services responsive to people's needs?

(for example, to feedback?)

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.

The practice reviewed the results from surveys and discussed any improvements that were identified and how these could be addressed with the patient participation group (PPG). The practice had introduced an extended hours' service to address patient satisfaction with opening hours but did not continue this due to low uptake by patients. The practice had identified that some patients would like to have daily access to appointments in the afternoon at either the Rode Heath Surgery or Greenmoss Medical Centre. The practice had planned to review the appointment system and as part of this had requested that the PPG undertake a survey to identify patients' views on the availability of appointments.

We received 27 comment cards and spoke to four patients. Overall patients said that they were able to get an appointment when one was needed, that they were able to get through to the practice by phone easily and they were happy with the practice opening hours.

Listening and learning from concerns and complaints

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

The practice kept a record of written complaints. We reviewed a sample of three complaints received within the last 12 months. Records showed they had been investigated, patients informed of the outcome and action had been taken to improve practice where appropriate. A log of complaints was maintained which allowed for patterns and trends to be easily identified. The records showed openness and transparency with dealing with the complaints.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a statement of purpose which outlined its aims and objectives:

“We aim to provide the highest quality healthcare within available resources, treating patients as individuals with dignity and respect enabling them to discuss any concerns. We are committed to providing an excellent service to promote the health of our patients.”

The staff we spoke with knew and understood the aims and objectives of the practice and their responsibilities in relation to these.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- The quality of the service was monitored to improve outcomes for patients.
- There were arrangements for identifying and managing risks and implementing mitigating actions.

Leadership and culture

The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

There were clear lines of accountability at the practice. We spoke with clinical and non-clinical members of staff and they were all clear about their own roles and responsibilities.

Staff told us that there was an open culture within the practice and they had the opportunity and were happy to

raise issues at team meetings or as they occurred with the practice manager, registered manager or a GP partner. Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Meetings took place to share information, look at what was working well and where any improvements needed to be made. The practice closed one afternoon per month which allowed for learning events and practice meetings. Clinical staff met to discuss new protocols, to review complex patient needs, keep up to date with best practice guidelines and review significant events. The reception and administrative staff met to discuss their roles and responsibilities and share information. Partners and the practice manager met to look at the overall operation of the service and future development.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met every four – six weeks with members of the practice to discuss the operation of the service and any new developments. The PPG submitted proposals for improvements to the practice management team. We spoke with three members of the PPG who told us that the PPG were involved in undertaking surveys to gather patient feedback. The members of the PPG spoken with said they felt they were listened to, asked their opinion and were kept informed about any changes at the practice. The PPG had worked with the practice on seeking solutions to missed appointments and were currently working on reducing wasted medication. PPG members had been supported by the practice to set-up a Patient and Carers Group. This provided assistance such as access to appointments, access to other health and social care services and supported socially isolated patients.

Are services well-led?

Good 

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

- The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results from October to December 2016 showed that 62 responses had been received and 100% were either extremely likely or likely to recommend the practice to family or friends. The practice also responded to comments made by patients to indicate any action to be taken. For example, one patient said the waiting area needed to look more inviting. The practice responded by indicating that they had addressed this by providing more colorful posters.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous improvement within the practice. The practice worked with the local Clinical Commissioning Group (CCG) to improve outcomes for patients in the area. For example, the practice offered a range of enhanced services including, minor surgery, influenza and shingles immunisations, facilitating timely diagnosis and support for patients with dementia and increased GP access to reduce unplanned hospital admissions. The practice continuously reviewed patient access and made changes to ensure patients received a good service. The practice understood the needs of its patient population and introduced services to ensure patients' needs were met. For example, a monthly multi-disciplinary meeting had been set up to look at patients at risk of hospital admissions in order to support patients to remain at home where possible. Due to the rural nature of the practices a range of health services were hosted at the Greenmoss Medical Centre to support patients to access these services.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment A legionella risk assessment and an electrical wiring certificate were not in place to demonstrate that the premises were safe.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment A system was not in place to ensure medicines requiring refrigeration were stored within the recommended temperature range.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	