

# Frodsham Princeway

## 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

Are services safe?	<b>Requires improvement</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Good</b>	
Are services well-led?	<b>Good</b>	

# 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 Frodsham Princeway on 29 August 2017.

Overall the practice is rated as good.

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

- There were systems in place to reduce risks to patient safety, for example, there were systems to protect patients from the risks associated with insufficient staffing levels and to prevent the spread of infection. Improvements were needed to the staff recruitment systems.
- 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 had access to training and development opportunities and they told us that they felt well supported.
- Patients said they were treated with compassion, dignity and respect. We saw staff treated patients with kindness and respect.
- Services were planned and delivered to take into account the needs of different patient groups.
- Access to the service was monitored to ensure it met the needs of patients.
- There was a system in place to manage complaints.
- There were systems in place to monitor and improve quality and identify risk.

The areas where the provider must make improvements are:

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

# Summary of findings

The areas where the provider should make improvements are:

- Cleaning protocols should be implemented to provide guidance for staff on the arrangements for maintaining the cleanliness of clinical areas and equipment.
- The system for ensuring medication is reviewed when patients do not attend for an appointment should be improved.
- A copy of the report to confirm the electrical wiring at the branch practice is satisfactory should be forwarded to CQC.
- Weekly in-house checks of the fire alarm and monthly checks of the emergency lighting should be carried out and documented.
- Introduce a system to ensure that any locums employed via an agency have received all the necessary pre-employment checks.
- The salaried GPs should have an in-house appraisal in addition to the external appraisal process.
- Put in place a more structured approach to the investigation of complaints to ensure that a clear and accurate record is maintained.

**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. We found that the records of staff recruitment did not always demonstrate that staff were suitable for their roles.

There were systems to protect patients from the risks associated with insufficient staffing levels. The practice maintained appropriate standards of cleanliness and hygiene. Staff were aware of procedures for safeguarding patients from the risk of abuse. Staff knew how to report safety issues and these were investigated and overall, appropriate action taken.

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. Staff had access to training and development opportunities and said they were appropriately supported.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients spoken with and who returned comment cards were positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Responses to the National GP Patient Survey (July 2017) relating to the caring approach of the practice were in-line with local and national averages.

Good



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

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

Good



### Are services well-led?

The practice is rated as good for providing well-led services. The practice had a vision and strategy to deliver high quality care and

Good



# Summary of findings

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.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. The practice kept registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice prioritised patients who may be at risk of poor health due to frailty. Following a medical event such as an unplanned hospital attendance the medical needs of these patients were reviewed to identify what could be put in place to prevent future ill-health or hospital admission. The practice had introduced the "Grey Flag" system which was used to alert clinicians to patients requiring a review or follow-up following such an event. This system was being introduced across Cheshire following the success of its introduction at the practice. The practice had worked with neighbourhood practices and the Clinical Commissioning Group (CCG) to support the needs of older patients and avoid hospital admissions where possible. They had been involved in an early visiting service. This improved patient access to GP services and to the resources needed to support patients at home with the aim of reducing emergency admissions to hospital and use of emergency services. The involvement of the practice with this service had now reduced and this was mainly being managed by the community matron. They were currently involved in offering "step up" care beds at a local nursing home. This enabled the practice to admit patients to the nursing home for up to four days where a patient was not suitable for hospital admission but required more care and support than they were receiving.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. The practice had a system in place to make sure patients were invited to attend reviews for long term conditions. 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

Good



# Summary of findings

to specialist help when needed. The practice provided information to patients to encourage them to manage their long term conditions and patients were also referred to educational courses on how to manage their conditions.

## **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. Priority was given to young children who needed to see the GP and appointments were available outside of school hours. Telephone consultations for parents worried about their child's health were offered were this was sooner than an appointment. The staff we spoke with had appropriate knowledge about child protection and how to report any concerns. Child health promotion information was available at the practice. Family planning and sexual health services were 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. The practice was open from 8am to 6.30pm Monday to Friday. Patients could book routine 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. An extended hour's service for routine appointments was commissioned by West Cheshire CCG. The practice offered health promotion and screening that reflected the needs of this population group such as cervical screening, contraceptive services, smoking cessation advice and family planning services. Reception staff sign-posted patients who did not necessarily need to see a GP, for example to the Physio First service (this provided physiotherapy appointments for patients without the need to see a GP for a referral).

**Good**



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

The practice is rated as good for the care of people whose circumstances may make them vulnerable. A register was kept of patients with a learning disability and there was a system to ensure these patients were invited for an annual health check. Alerts were placed on the records of vulnerable patients and longer appointments were offered. The staff we spoke with had appropriate knowledge about safeguarding vulnerable adults.

**Good**



# Summary of findings

Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate services. The practice referred patients to local health and social care services for support, such as drug and alcohol services and to the wellbeing coordinator.

## **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). GPs worked with specialist services to review care and to ensure patients received the support they needed. The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients experiencing poor mental health, including dementia, an annual health check and a medication review. 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. The practice had information in the waiting areas about services available for patients with poor mental health. For example, services for patients who may experience depression.

**Good**





# Summary of findings

## What people who use the service say

Data from the national GP patient survey July 2017 (data collected from January-March 2017) showed that the practice and the branch were generally performing in-line with local and national averages. The practice distributed 253 forms 125 (49%) were returned which represents approximately 2.2% of the total practice population. The results showed that patients responses about whether they were treated with respect and compassion by clinical and reception staff were in-line with local and national averages. For example results showed:

- 93% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92% and national average of 89%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 98% said the nurse gave them enough time compared to the CCG average of 92% and national average of 92%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 87% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.

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

- 66% of respondents found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 71%.
- 85% of patients said they were able to get an appointment to see or speak to someone last time they tried compared to the CCG average of 86% and national average of 84%.

- 71% patients described their experience of making an appointment as good compared to the CCG average of 76% and national average of 73%.
- 80% of patients said the last appointment they got was convenient compared to the CCG average of 85% and national average of 81%.
- 75% of patients were satisfied with the surgery's opening hours compared to the CCG average of 78% and national average of 76%.
- 88% of patients described their overall experience of this surgery as good compared to the CCG average of 88% and the national average of 85%.
- 82% of respondents found the receptionists at the surgery helpful compared to the CCG average of 87% and national average of 87%.

Results relating to recommending the practice to others and seeing or speaking to a preferred GP were lower than national averages:-

- 72% of respondents would recommend this surgery to someone new to the area compared to the CCG average of 80% and national average of 87%.
- 46% of respondents said they usually got to see or speak to their preferred GP compared to the CCG average of 55% and national average of 56%.

The practice reviewed the results from the national GP patient survey and other sources of patient feedback and discussed how any improvements could be implemented. The practice did not have a current patient participation Group (PPG). This would assist in gathering patient opinion when looking at ways to make improvements. The practice was advertising for patients to become members of a PPG through the website and at the practice.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were overall positive about the standard of care received. We spoke with three patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy. Overall feedback from patients indicated that they were satisfied with access to the practice.

# Summary of findings

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 for the last three months showed there had been 75 responses completed. Fifty (67%) of the respondents were either extremely likely or likely to recommend the practice.

## Areas for improvement

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

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

- Cleaning protocols should be implemented to provide guidance for staff on the arrangements for maintaining the cleanliness of clinical areas and equipment.
- The system for ensuring medication is reviewed when patients do not attend for an appointment should be improved.

- A copy of the report to confirm the electrical wiring at the branch practice is satisfactory should be forwarded to CQC.
- Weekly in-house checks of the fire alarm and monthly checks of the emergency lighting should be carried out and documented.
- Introduce a system to ensure that any locums employed via an agency have received all the necessary pre-employment checks.
- The salaried GPs should have an in-house appraisal in addition to the external appraisal process.
- Put in place a more structured approach to the investigation of complaints to ensure that a clear and accurate record is maintained.

# Frodsham Princeway

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

## Background to Frodsham Princeway

Frodsham Priceway is responsible for providing primary care services to approximately 5,666 patients. The practice is situated in Princeway Health Centre in Frodsham, Cheshire. The practice is based in an area with lower levels of economic deprivation when compared to other practices nationally.

The practice is operated by six partners (5 GPs and the practice manager) who also operate another practice within the same building. The partnership took over responsibility for operating Frodsham Princeway in January 2016 and a five year contract was agreed with NHS England in April 2017. The practice has three salaried GPs, an advanced nurse practitioner, a health care assistant and administration and reception staff. The clinicians are both male and female.

Frodsham Priceway is open from 8am to 6.30pm Monday to Friday. An extended hour's service for routine appointments and an out of hour's service are commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust. Patient facilities are located on the ground floor. The

practice has a car park for on-site parking. The practice shares a building with a number of community services such as physiotherapy, district nursing and occupational health.

The practice has an Alternative Provider Medical Services (APMS) contract. The practice offers a range of enhanced services including anticoagulation, spirometry, near patient testing and minor injury.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

## Detailed findings

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

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

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

announced inspection on 29 August 2017. We sought views from patients face-to-face and reviewed CQC comment cards completed by patients. We spoke to clinical and non-clinical staff. We observed how staff handled patient information and spoke to patients. We explored how the GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and investigating significant events and there was a recording form available on the practice's computer system. The practice held meetings where significant events were discussed and there was a system to cascade any learning points to staff unable to attend via email. We looked at a sample of significant events and found that action had been taken to improve safety in the practice where necessary. There was a system in place for the management of patient safety alerts and we were given examples of the action taken.

### Overview of safety systems and processes

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The practice had systems in place to monitor and respond to requests for attendance/reports at safeguarding meetings. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding. Training records showed the majority of staff had received training on safeguarding children and vulnerable adults relevant to their role. Some staff needed to attend refresher training and the practice had a plan to address this. The practice met with the health visiting service and liaised with other support services to discuss any concerns about children and their families and vulnerable adults and how they could be best supported. Alerts were placed on patient records to highlight if there were any safeguarding concerns.
- A notice was displayed advising patients that a chaperone was available if required. Nurses, health care assistants and non-clinical members of staff acted as chaperones and they had received training for this role. A Disclosure and Barring Service (DBS) check had been undertaken for staff who acted as chaperones. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The DBS check for one clinical member of staff was not a full enhanced check. Evidence that this had been obtained was provided following the inspection.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. Cleaning standards were audited by the cleaning company employed by the practice. The practice manager also checked on these standards. Cleaning protocols were not in place to outline the responsibilities of clinical staff to keep clinical areas and equipment clean. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. An annual IPC audit had been undertaken. There was an IPC protocol and the majority of staff had received up to date training. A plan was in place for the remaining staff to update or undertake this training.
- 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 managed. We found three uncollected prescriptions from March and June 2017. Staff spoken with told us they checked to see if there were uncollected prescriptions and notified a GP. However, there was no system to ensure this was carried out regularly or a written protocol to provide guidance. Following the inspection we were provided with a written protocol and we were informed that this would be discussed with all relevant staff. We found that the vaccine fridge temperatures had not been checked for two days as the person responsible for this was on leave. Following the inspection we were informed that a further member of staff would be trained to carry out these checks. We noted that the vaccine fridge did not have anything that would prevent it from being accidentally unplugged. Following the inspection we were informed that a notice had been put on the plugs and that a request had been made to the property service responsible for the building for the plugs be hard-wired into the walls. The system for ensuring medication is reviewed when

## Are services safe?

patients do not attend for an appointment should be improved. A repeat prescribing protocol was in place which outlined the system for reviewing medication. However we noted that there was not a clear system for ensuring medication was reviewed when patients did not attend for an appointment.

- We reviewed the personnel files of the two staff employed since the current providers were responsible for the practice. Records showed that there were shortfalls in the records as both files contained no evidence of identity or photographs. This information was provided following the inspection. We checked a sample of DBS checks obtained for clinical staff and found that these checks had been undertaken. However, the DBS check for a nurse was not an enhanced check. This was applied for and obtained following the inspection. There was no DBS check, identity information or photograph for one locum GP who had been a former employee of the service. We saw the records of another locum who had been employed through an agency and there were no references or a Performers List check. The agency had confirmed that these checks were undertaken through their contract with the provider however there was no system to carry out a check of this. A system was in place to carry out periodic checks of the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) to ensure the continued suitability of staff.

### Monitoring risks to patients

- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- An electrical wiring check was carried out in February 2017 which indicated an unsatisfactory installation. The practice manager reported that the remedial works had been completed however there was no record to confirm this. The practice manager reported that they had arranged for further testing and certification to be completed on 30th September 2017.

- The practice had a fire risk assessment. Staff were provided with fire safety and health and safety training. Some staff needed refresher training in these areas and the practice manager reported that this was being identified through staff appraisals. The fire alarm and other fire detection systems had been inspected to ensure they were appropriately maintained and working effectively. The emergency lighting had been replaced as part of the electrical wiring remedial works and we were advised was not due for an inspection. In-house checks of the fire alarm were generally taking place weekly although some weekly checks had not been recorded. In-house checks of the emergency lighting were not taking place monthly. Following the inspection the practice manager reported that these checks were to be carried out by the owner of the premises. A fire drill had taken place within the last 12 months.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff had up to date basic life support training apart from two new administrative staff members who would undertake this at the next planned training. The practice had a defibrillator and oxygen available on the premises which was checked to ensure it was safe for use. There were emergency medicines available which were all in date, regularly checked and held securely. The practice had a business continuity plan which covered major incidents such as power failure or building damage and included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinical staff we spoke with told us they used best practice guidelines to inform their practice 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). We looked at unpublished QOF data for 2016 -2017 which demonstrated that the practice was achieving good outcomes. The practice also worked towards meeting local targets.

The practice had completed quality improvement audits to evaluate the operation of the service and the care and treatment given. However, no two cycle audits had as yet been carried out to demonstrate findings had been revisited to see if the action taken had been effective. There was a plan in place to carry out future audits which would assist with monitoring the quality of the service.

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

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

### Effective staffing

- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety, health and safety and confidentiality as well as employment related matters. Newly employed staff worked alongside experienced staff to gain knowledge and experience.
- 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. A number of staff were overdue for their annual appraisal, however these had been planned and were taking place from September 2017. Doctors had appraisals, mentoring and facilitation and support for their revalidation. Salaried GPs had an external appraisal and met with a partner GP informally for supervision however they did not have an in-house annual appraisal.
- The training records showed that the training provided included: safeguarding adults and children, fire procedures, basic life support, infection control and information governance awareness. Some staff either needed this training or refresher training. The practice manager advised us that the appraisal process would identify any training shortfalls and ensure training was provided or updated. Clinical and non-clinical staff told us they were provided with specific training dependent on their roles. Staff had access to and made use of e-learning training modules, in-house training and training provided by external agencies.

### 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 the out of hours service.

### Consent to care and treatment

# Are services effective?

(for example, treatment is effective)

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 clinical staff told us assessments of capacity to consent were also carried out in line with relevant guidance.

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

The practice offered national screening programmes, vaccination programmes and long term condition reviews. Health promotion information was available in the reception area and on the website. The practice had links with health promotion services and recommended these to

patients, for example, smoking cessation, alcohol services, weight loss programmes and exercise services. Childhood immunisations were given and there was a system to ensure that any missed immunisations were followed up with parents or a health visitor. Records showed that between January and July 2017 childhood immunisation rates for two and five year old were 90%.

The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action. The practice encouraged its patients to attend national screening programmes for cervical, bowel and breast cancer screening and promoted these services to inform patients about their importance.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were overall positive about the standard of care received. One patient did not find the attitude of a clinician to be caring. We spoke with three patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy.

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

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

The practice reviewed national GP patient survey results and the practice manager and GP partners discussed how any improvements could be made.

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

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

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

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 87% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 87% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations. The website also contained information about support services and was in the process of being further developed to offer more information. Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement.

## Are services caring?

Written information was available to direct carers to the various avenues of support available to them. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 186 (approximately 3.2%) of patients as carers. As a result the Carers Trust had

provided these carers with information about support groups and referred them on to support services. The practice was working to identify further carers to ensure they had access to the support services available.

# 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 provided enhanced services including anticoagulation, spirometry, near patient testing and minor injury. The practice had worked with neighbourhood practices and the CCG to support the needs of older patients and avoid hospital admissions where possible. They had been involved in an early visiting service and were currently involved in offering "step up" care beds at a local nursing home. This enabled the practice to admit patients to the nursing home for up to four days where a patient was not suitable for hospital admission but required more care and support than they were receiving.

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.
- Frailty assessments were carried out for those patients at risk of hospital admissions.
- There were longer appointments available for patients, for example older patients, patients with a long term condition and patients experiencing poor mental health.
- The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives.
- An in-house phlebotomy service was provided which meant patients could receive these services locally rather than having to travel to another service.
- The practice provided support and information to patients to encourage them to manage their long term conditions.
- Travel vaccinations and travel advice were provided by the nursing team.

- Reception staff sign posted patients to local resources such as the Physio First service (this provided physiotherapy appointments for patients without the need to see a GP for a referral).
- The practice provided services such as spirometry and
- Saturday flu vaccination clinics were provided to encourage patients to access this service.

### Access to the service

Frodsham Princeway was open from 8am to 6.30pm Monday to Friday. The appointment system provided pre-bookable and on the day appointments. Patients could book appointments in person, via the telephone and on-line. Repeat prescriptions could be ordered on-line or by attending the practice. Telephone consultations were also offered. An extended hour's service for routine appointments and an out of hour's service were commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust.

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

- 66% of respondents found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 71%.
- 85% of patients said they were able to get an appointment to see or speak to someone last time they tried compared to the CCG average of 86% and national average of 84%.
- 71% patients described their experience of making an appointment as good compared to the CCG average of 76% and national average of 73%.
- 80% of patients said the last appointment they got was convenient compared to the CCG average of 85% and national average of 81%.
- 75% of patients were satisfied with the surgery's opening hours compared to the CCG average of 78% and national average of 76%.
- 88% of patients described their overall experience of this surgery as good compared to the CCG average of 88% and the national average of 85%.
- 82% of respondents found the receptionists at the surgery helpful compared to the CCG average of 87% and national average of 87%.

# Are services responsive to people's needs?

## (for example, to feedback?)

Results relating to recommending the practice to others and seeing or speaking to a preferred GP were lower than local and national averages:-

- 72% of respondents would recommend this surgery to someone new to the area compared to the CCG average of 80% and national average of 87%.
- 46% of respondents said they usually got to see or speak to their preferred GP compared to the CCG average of 55% and national average of 56%.

The practice reviewed the results from the national GP patient survey and other sources of patient feedback and discussed how any improvements could be implemented. For example a new telephone system had been introduced to improve access. The practice did not have a current patient participation Group (PPG). This would assist in gathering patient opinion when looking at ways to make improvements. The practice was advertising for patients to become members of a PPG through the website and at the practice.

We received 17 comment cards and spoke to three patients. Feedback from patients indicated that overall they were satisfied with access to appointments and opening hours. One patient said it could be difficult to see their preferred GP, one said it was difficult to get an

appointment and two said the electronic check in system was not working and they would like it to be fixed. The practice manager confirmed that this was being attended to the day after the inspection.

### **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 displayed in the reception area and on the practice website. A copy of the complaint procedure was available at the reception desk. 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 two complaints. We found that although complaints had been investigated and action taken, a more structured approach was needed to the investigation of complaints to ensure that there was a clear and accurate record maintained. Following the inspection the practice manager reported that they had obtained a template to enable clearer recording of 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. These included providing patients with the best possible service, involving patients in decisions about their treatment and promoting good health and well being through education and information. The statement of purpose was displayed on the practice website.

### Governance arrangements

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

There were clear systems to enable staff to report any issues and concerns. We looked at a sample of significant events and found that action had been taken to improve safety in the practice where necessary. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The practice had completed quality improvement audits to evaluate the operation of the service and the care and treatment given. However, no two cycle audits had as yet been carried out to demonstrate findings had been revisited to see if the action taken had been effective. There was a plan in place to carry out future audits which would assist with monitoring the quality of the service.

### Leadership and culture

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. The partners were visible in the practice and staff told us they were approachable. The practice had systems in place for knowing about notifiable safety incidents.

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

Meetings took place to share information, look at what was working well and where any improvements needed to be made. The practice closed one afternoon per month which allowed for learning events and practice meetings. Clinical

staff 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 had gathered feedback from patients through surveys and comments, suggestions and complaints received. 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. The practice had undertaken surveys of patients' views of GP consultations in October and November 2016. The results showed that overall patients were very happy with the care and treatment provided by the three salaried GPs.
- The practice did not have a Patient Participation Group (PPG). The practice was advertising for patients to become members of a PPG through the website and at the practice. They were also exploring the possibility of advertising in the local newspaper. A PPG would enable the practice to gather patient views on how they would like to see services provided, changed or improved. During the process of the current provider taking over the responsibility of operating the service, the providers met with patients to identify their concerns about the process and any improvements they would like to be made. Feedback indicated consistency in GPs, more appointments and a better telephone system. The provider has improved the telephone system, three permanent GPs are employed and records showed an improvement in the numbers of appointments offered.
- The practice gathered feedback from staff through staff meetings and informal discussion. Staff told us they would give feedback and discuss any concerns or issues with colleagues and management.

### Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice had worked

## Are services well-led?

Good 

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

with neighbourhood practices and the Clinical Commissioning Group (CCG) to support the needs of older patients and avoid hospital admissions where possible. They were involved in offering “step up” care beds at a local nursing home. This enabled the practice to admit patients to the nursing home for up to four days where a patient was not suitable for hospital admission but required more care and support than they were receiving. The practice had introduced the “Grey Flag” system which was used to alert clinicians to patients requiring a review or follow-up following out of hours GP involvement or A and E attendance. Following such an event the medical needs of

these patients were reviewed to identify what could be put in place to prevent future ill-health or hospital admission. This system was being introduced across Cheshire following the success of its introduction at the practice. The providers had improved services at the practice by providing greater continuity of clinical staff, improving the telephone system and increasing the number of appointments offered. The practice was aware of future challenges. For example, establishing a PPG and the deployment of clinical staff to meet patient demand for access.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:-</p> <ul style="list-style-type: none"><li>• A DBS check, identity information and a photograph was not available for one locum GP</li><li>• <b>Regulation 19(3)</b></li></ul>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	