

Cumberland House Surgery

Quality Report

Cumberland House
Waters Green Medical Centre
Sunderland Street
Macclesfield
Cheshire
SK11 6JL
Tel:
01625 428081
Website:
www.cumberlandhousesurgery.nhs.uk

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Hodgson JM & partners (also known as Cumberland House Surgery) on 5th May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about the services provided and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw several areas of outstanding practice:

- An annual senior citizens event was held in conjunction with other agencies to offer health checks and advice to patients.

Summary of findings

- The practice had established a “Young Persons hub” in the waiting area where teenage patients could access information using the internet to guide them in their choices about treatment.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice pharmacist contributed to the safety of patients by continually reviewing repeat prescriptions, organising monthly, weekly or daily prescriptions and providing a medicines information service for patients.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals including care homes to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Staff reviewed the needs of the practice population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice had just been awarded a contract for 'Caring Together' an enhanced model of GP services focussing on self management, improved access and integrated care.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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 meetings. All partners had clearly defined key areas of responsibility.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was very active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice ran an annual senior citizens event which included a flu clinic, health promotion advice, BP monitoring, advice from the Fire service about smoke alarms, Age UK attended to offer advice as did the red button alarm service, East Cheshire hospice and Macclesfield Borough Council .The local newspaper promoted the event before and after to signpost patients to the services available.
- Practice staff visited care homes over three days each week to provide ward rounds, confer with staff and managers and provide advice on medicine management.
- The care planning process was currently being extended to a further 3% of the practice population (beyond the 2% involved in the Proactive care program.)
- Staff referred patients to a primary care team based in the same building including District Nurses and Community matrons so that patients could receive a seamless service to meet their needs.

People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.

Summary of findings

- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice provided blood pressure machines for home monitoring of blood pressure levels and had introduced FLO tele-monitoring of blood pressure.
- An investigations suite was currently being planned in conjunction with other practices within the building to offer 24 Hour BP checks and ECG spirometry.
- Extended care planning was being developed for patients with Parkinson's disease and Multiple sclerosis.
- A smoking cessation service was available within the health centre.

Families, children and young people

Good



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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. These were provided both at immunisation clinics, by appointment or via drop in.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 81% of women aged 25-64 are recorded as having had a cervical screening test in the preceding 5 years. This compared to a CCG average of 83% and a national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There was a 'Young Persons' hub' in the waiting room which provided information appropriate to that age group.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Summary of findings

- The practice used separate 0-14years new patient questionnaires which included school and nursery information.
- A texting service was used to encourage teenagers to engage with stopping smoking and asthma clinic attendance.
- The practice offered access to a comprehensive family planning services including coil fitting.

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services including electronic prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group. Direct E mail access was also offered by the administrative team.
- The practice offered open access to physiotherapy and exercise on prescription

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients including hospice staff, Macmillan nurses and district nurses.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Homeless people had the facility to register with a 'practice address' and put a plan in place to make future contact.
- A drug addiction service had been running for 15 years to help stabilise patients.
- Practice staff actively sought out and maintained a register of carers and patients were asked whether they were carers via a new patient questionnaire. A carer's information board was maintained in the waiting room. The practice had written to all carers to ask if they would like to receive support from Carers UK.
- Patients who repeatedly did not attend appointments were reviewed at practice meetings.

People experiencing poor mental health (including people with dementia)

Good



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

- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months. This compared to a CCG average of 93% and a national average of 88%.
- 92% of patients with mental health conditions had their smoking status recorded in the preceding 12 months. This compared to a national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia and provided personalised medicine management including daily prescriptions if needed.
- The practice carried out advance care planning for patients with dementia.

Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- A patient ,supported by the practice, had developed SMILE a support group for post natal parents suffering from depression.
- A recent training course for staff was led by two teenage patients who had used the CAMHS (Children and Adolescents Mental Health Service) service.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing above local and national averages. 247 survey forms were distributed and 113 were returned. This represented 0.7% of the practice's patient list.

- 60% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the national average of 76%.
- 91% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received fourteen comment cards which were all positive about the standard of care received. Patients commented that they were treated with respect and professionalism, felt the practice was bright, comfortable and clean and staff were proactive and helpful. Patients described the practice as having superb continuity of care and said they were very satisfied with the service. We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were proactive and always seeking to improve. Patients told us they did not feel rushed in consultations and that staff talked things through with them. They commented that the surgery was clean and tidy. All said they would recommend the surgery to others.

We reviewed the results of Family and Friends Test feedback across 2015/16 and noted monthly results were typically over 100 patients extremely likely to recommend the practice to others.

Outstanding practice

We saw several areas of outstanding practice:

- An annual senior citizens event was held in conjunction with other agencies to offer health checks and advice to patients.
- The practice had established a "Young Persons hub" in the waiting area where teenage patients could access information using the internet to guide them in their choices about treatment.

Cumberland House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector

Background to Cumberland House Surgery

Cumberland House Surgery is located in Waters Green Medical Centre, Sunderland Street, Macclesfield, Cheshire. The large modern medical centre is near to the centre of the town. The building was planned and built by six GP practices and patients can also access many other clinics and services. There is easy access to the building and disabled facilities are provided. There is a large underground car park serving all of the medical facilities on the site.

There are thirteen GPs working at the practice. Seven GPs are partners, three male and four female and six GPs are salaried, three male and three female. There is a total of 8.35 whole time equivalent GPs available. There are six nurses, three full time and three part time (one of these is a nurse practitioner), all female, one full time female health care assistant and a practice pharmacist. There is a full time practice manager, a records manager, an assistant practice manager and a team of administrative staff..

The practice opening times are 8am until 6.30pm Monday to Friday. Appointments are available 8.30am to 11.30am and 3.30pm to 5.50pm each day. There are also extended opening hours from 7.30am to 8am and 6.30pm to 8pm each day.

Patients requiring a GP outside of normal working hours are advised to call the 111 service who will transfer them to Macclesfield Out of Hours Services. There are 15,271 patients on the practice list. The majority of patients are white British with a high number of elderly patients and patients with chronic disease prevalence. On the Index of Multiple Deprivation the practice is slightly below the England average with lower than average levels of deprivation affecting children and older people. The practice holds a PMS contract with NHS England (Cheshire & Merseyside). It forms part of Eastern Cheshire Clinical Commissioning Group which consists of 23 GP Practices.

This practice has been accredited as a GP training practice and has qualified doctors attached to it training to specialise in general practice and also offers placements to medical students and pharmacists.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 May 2016. During our visit we:

- Spoke with a range of staff (GP's, practice manager, practice nurses and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events and these were discussed at practice meetings to share learning and agree actions required.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a significant event meeting was held in March 2016. This was minuted and outcomes summarised following the fraudulent use of a patient's repeat prescription. The event had been appropriately reported, the police were involved in the investigation and the controlled drug policy was reviewed. Another example was following an alert about blood sugar monitoring devices the nurses, a GP and the pharmacist discussed the implications to the practice and an action plan was drawn up.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

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 GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nurses level 2.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice employed a pharmacist who oversaw these processes and procedures including handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits to ensure prescribing was 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from the pharmacist.

Are services safe?

- The practice held no stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had attained 100% of the total number of points available. This is 2.9% above the CCG average and 5.3% above the England average.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was better than the national average. For example the practice achieved 93% regarding patients with diabetes who had a foot examination (CCG average 89% National average 88%) and 98% who had had flu immunisations in the preceding August to March 2015(CCG average 95% and National average 94%).
- Performance for mental health related indicators was better than the national average for example 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months (CCG average 93% & National average 88%).

The practice was taking part in the 3D study in which clinicians were implementing and evaluating interventions to improve the management of patients with multiple long term conditions. Outcomes were not yet available.

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- There had been regular clinical audits completed in the last two years such as an audit of care for atrial fibrillation (irregular heart rhythm) and use of antibiotics with patients presenting with a urinary tract infection. We saw a minimum of three of these were completed audits where the improvements required were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken following an audit of the management of sore throats in October 2015 resulted in raised awareness in the practice about antibiotic prescribing guidelines. Since then the audit had been repeated and overall compliance with national guidance had improved. The findings were presented at a clinical meeting to stress the advice regarding duration of antibiotic treatment in particular. A re-audit was planned in 12 months to see if adherence to the guidelines has improved.
- An audit of the use of the combined oral contraceptive (COC) was done in 2015 this was re-audited in April 2016 to ensure that documentation of BMI (body mass index), weights, blood pressure and smoking status was either being maintained or improved. There had been some improvement from the initial data collection. However it was judged that improvements should still be sought. An e-mail was sent to all health clinicians involved in prescribing the COC and the audit was discussed at a clinical meeting to identify the improvements required.

Information about outcomes for patients was used to make improvements such as: undertaking patient risk assessments and placing an alert on the patients file led to 100% improvement in pick up rates for subsequent monitoring and review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the Health Care Assistant (HCA) had received training in dressing wounds, the practice nurse received regular updates in diabetic care and cardiorespiratory disease.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care were supported by the team following a palliative care template. The practice held regular meetings to discuss patients newly identified as nearing the end of life, practice staff ensured they became familiar with the patient and relatives, the district nursing team was involved and anticipatory drugs prescribed when appropriate. Following the bereavement GPs made contact with the family by telephone and referred to other support agencies. We were told of an instance when a bereaved patient presented to a GP and was enabled to access bereavement services.
- An optometrist visited the practice regularly, referrals were made to the dietician and podiatrist and smoking cessation advice was available from a local support group.
- Patients who attended the learning disability review service had their physical health check, were screened for breast, cervical and testicular cancer, received healthy lifestyle advice and a care health plan was produced as part of their patient passport. (A document held by the patient and used by all health & social care agencies to ensure continuity of care).

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and higher than the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

For those with a learning disability the female practice nurse worked with the patient and where appropriate the support worker often over several sessions to build up rapport, confidence and understanding of the process before actually carrying out the procedure. The practice

also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and conducted aortic aneurysm screening and diabetic eye screening on the premises.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 99% and five year olds from 93% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the fourteen patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five members of the patient participation group (PPG). They told us they felt the practice team did things well. One patient commented he could not praise them highly enough. Comment cards highlighted that staff were helpful, listened to them and responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

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 staff and had sufficient time during consultations and did not feel rushed to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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:

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

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The 'Information Hub' for teenage patients enabled them to research their condition, understand it better and enabled them to ask informed questions about their choices.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 195 patients as carers (1.3% of the practice list). Identified carers were coded on the system so that staff could monitor their health and well being in relation to their caring responsibilities when they attended for a consultation or health check. Patients thought to be carers received a letter

from the practice asking if they wished for contact from Cheshire Carers Centre who provided advice and practical, financial and emotional support. Written information was available in leaflets and posters in the reception area to direct carers to the various avenues of support available to them. All registered carers were offered influenza vaccination.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability or complex issues which were determined by the explicit needs of the patient.
- Home visits were available for older patients and patients who had clinical needs which resulted in them having difficulty attending the practice. This included care homes where nominated GP's visited to do weekly ward rounds and case conferences were held for patients with complex needs. Meetings were held with the home managers and the nurse practitioner visited weekly to offer advice to the staff and review condition management.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines. Patients who were diagnosed with dementia and had failed to attend appointments three times were discussed at a practice meeting. The GP responsible did a home visit to review the patient with the involvement of the next of kin where appropriate. The family were referred to appropriate support services including social services and voluntary agencies such as The Alzheimer's Disease Society.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services such as the drop in facility for young mothers bringing their children for immunisations or baby checks.
- Patients with mental health problems could receive their depot injections (regular injections of prescribed drugs which might otherwise be administered at a specialist clinic) at the practice.
- A patient ran a support group called SMILE for parents experiencing post natal depression.

- Several of the GP partners provide a service to East Cheshire Hospice which has led to an in-house interest in palliative care.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30am every morning and 3.30pm to 5.50pm daily. Extended hours appointments were offered at the following times on 7.30am to 8am and 6.30pm to 8pm weekdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them on the same day.

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

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 60% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice nurse practitioner triaged patients by telephone to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system which included posters

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

and a guidance leaflet in the reception area. We looked at seventeen complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way, and responses demonstrated openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. These were discussed

at staff meetings and with the practice pharmacist if relevant. For example, when a prescription was not issued after a request a letter was sent apologising to the patient, the procedure was reviewed and amended so that urgent requests were always presented directly to a GP for signature. When a patient was given the wrong times for the phlebotomy service a copy of the times of blood tests was given to all doctors for their consulting rooms.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Each partner had an area of responsibility within the practice. For example one partner led on liaison with the CCG, locality group and CQC, strategy, clinical and information governance and elderly medicine including palliative care. Another partner was the prescribing lead, led on epilepsy, learning disability and osteoporosis. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:-

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings and we saw the minutes of these.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days and social events were held regularly.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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.

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 regularly, carried out patient surveys in conjunction with the practice team and submitted proposals for improvements to the practice management team. For example, surveys had been carried out on introducing nurse triage, telephone access and dignity and respect. The PPG had helped to rewrite the policy on managing patients who do not attend appointments, had offered suggestions on improvements to car parking (which

Are services well-led?

Good 

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

were in the process of being carried out at our visit) and had suggested improvements to telephone access. A letter had been sent out to all patients recommending when to access the practice by telephone.

- The practice had gathered feedback from staff through staff away days and training afternoons and generally 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 learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.
- The partners met monthly with the practice manager to monitor the impact of new initiatives, the progress of new staff, QOF results, CCG & CQC visits and action required, and listen to feedback from other meetings and education sessions.
- Action plans were produced following any surveys carried out. Improvements introduced included the introduction of a new telephone system, additional incoming telephone lines, advice to patients about when to access the surgery by telephone, the introduction of 'Patient Access' for appointment booking and repeat prescription requests and the introduction of the text reminder and cancellation system.
- The practice had produced a quality improvement plan in November 2015 summarising progress and outlining their business plans for 2016. Intentions for 2016 included improvement to the document management system by introducing Intradoc, reviewing the structure and purpose of meetings within the practice, continuing to improve the telephone system and monitoring patient satisfaction in using it and ensuring a robust financial governance system.
- The practice held an annual event for the full team to engage, learn and seek improvements together. The most recent event had focussed on a practice development plan to improve efficiency, continue to improve accessibility and continuity of care and ensure staff are trained & developed appropriately amongst many other areas.
- The practice had meetings with the Clinical Commissioning Group (CCG) and engaged with the NHS England Area Team and had recently been awarded a contract to deliver 'Caring Together'. This was a model of enhanced GP service which placed emphasis on patient self management, improving patient access to seven days each week, carer assessment and support and improving integrated care.
- The practice had recently become a member of FARSITE a research network.
- In conjunction with the CAB the practice had set up 'Advice on Prescription'. This allowed a patient to either telephone or see a CAB advisor at the practice for an immediate review of their social or financial problems.