Park View Medical Practice

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	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Requires improvement
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

Contents

Summary of this inspection

Page

Overall summary 2

The five questions we ask and what we found 4

The six population groups and what we found 7

What people who use the service say 11

Areas for improvement 11

Detailed findings from this inspection

Our inspection team 13

Background to Park View Medical Practice 13

Why we carried out this inspection 13

How we carried out this inspection 13

Detailed findings 15

Action we have told the provider to take 26

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Parkview Medical Practice on 3 February 2016. Overall the practice is rated as requires improvement.

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

- A system was in place to record significant events. However, only a small number of events had been reported and we saw an example of a complaint which should have been recorded, investigated and responded to as a significant event.
- The number of appointments provided weekly in relation to the size of the patient population indicated that clinical staffing levels were not sufficient and required review. This was reflected in feedback from patients. Patients found it easy to get through to the surgery by phone. However, patients did not always find it easy to get an appointment with a GP.
- Systems were in place to deal with emergencies and all staff were trained in basic life support. However, the practice did not hold a sufficient supply of emergency medicines in line with good practice guidance. There was no risk assessment in place to support the lack of emergency medicines.
- There were systems in place to reduce risks to patient safety. For example, infection control practices were in place and there were regular checks on the environment and on equipment used.
- The practice used performance indicators to measure their performance. Data showed that the practice achieved results comparable to and above other practices locally and nationally. For example for supporting patients with long term conditions and mental health needs.
- Staff were supported in their roles and kept up to date with training and professional development.

Summary of findings

- The practice worked in collaboration with other practices locally and they participated in enhanced services to provide better outcomes for patients.
- The GPs carried out clinical audits and the results of these were used to improve outcomes for patients.
- Systems for disseminating best practice guidance and arrangements for clinical governance were not well established.
- Overall, patients said they were treated with care and concern and involved in decisions about their care and treatment. However, national patient survey results showed that the practice received lower than the local and national average scores in these areas.
- The practice provided a range of enhanced services to meet the needs of the local population.
- The practice had good facilities, including disabled access. It was well equipped to treat patients and meet their needs.
- Complaints were investigated and responded to in a timely manner. However, the practice were not demonstrating what actions had been taken in response to complaints or demonstrating that they were learning from complaints and patient feedback.

Areas where the provider must make improvements are:

- Implement a system to ensure dissemination and implementation of best practice guidance.
- Implement a clinical governance system to assess the quality of care and treatment provided and drive improvement. To include ensuring significant events have been captured, appropriately investigated and acted upon.
- Ensure prescribing practices are reviewed and patient monitoring is appropriate.
- Ensure the complaints procedure includes the required information for dealing with complaints at different stages and demonstrate that learning from complaints has been acted upon to improve patients' experiences of the service.
- Ensure there is an effective system in place for responding to medical emergencies.
- Ensure a review of staffing is carried out to establish if there are sufficient numbers of clinical and non-clinical staff deployed at the practice.
- Ensure all clinicians are fully aware of the guidance for consent for children and young patients to ensure patients are provided with the appropriate care and treatment.

Areas where the provider should make improvements:

- Review how patient data is used to provide/ generate information on the needs of the patient population, to identify patients' needs more readily and to be able to monitor more effectively the data used to drive improvements in outcomes for patients.
- Review training needs to support the effective management of information governance and data protection.

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?

Requires improvement

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

There was a system in place for reporting and investigating significant events. However, the provider did not maintain a clear record to demonstrate the actions that had been taken in response to significant events.

Systems for managing medicines were not always safe and the practice was not equipped with an adequate supply of medicines to support people in a medical emergency.

An analysis of the number of appointments provided per week in relation to the size of the practice population, alongside feedback from patients about difficulties in getting an appointment, indicated that a review of staffing levels was required.

Tests were carried out on the premises and on equipment on a regular basis and infection control practices were carried out appropriately.

Staff had been trained in safeguarding and they were aware of their responsibilities to report safeguarding concerns. Information to support them to do this was available throughout the practice.

Are services effective?

Requires improvement

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

Staff were not always able to clearly demonstrate how they responded to changes in best practice guidance. Guidance was printed off and put in files but there was no dissemination of this at team meetings or clinical meetings and no strategies to review outcomes for patients in response to changes in guidance/best practice. We saw an example of how best practice guidance had not been followed in the management of patients at risk of developing diabetes.

Data showed that outcomes for patients were comparable to or above average when compared to local and national data. For example, a higher than average number of patients who had chronic obstructive pulmonary disease had undergone a review of their condition.

Clinical audits were carried out which resulted in improved outcomes for patients. The audits had a clear focus and purpose.

Summary of findings

Staff worked on a multidisciplinary basis to support patients who had more complex needs. The practice worked in conjunction with other practices in the locality to improve outcomes for patients.

Are services caring?

Requires improvement

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

Patients' views gathered at inspection indicated that they were treated with dignity and respect and they were involved in decisions about their care and treatment. Patients we spoke with on the day of the inspection gave us positive feedback about the practice and the caring nature of staff in all roles. Feedback from patients in the national patient survey was comparable with but lower than the CCG and national average in many areas. These included: patients being given enough time, feeling listened to and feeling involved in decisions about their care and treatment.

We viewed a number of complaints from patients who were concerned about how staff had responded to them when they had challenged them about access to appointments. The response to patients' complaints in these instances was sympathetic but dismissive of their concerns.

Are services responsive to people's needs?

Requires improvement

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

Patients told us they did not find it easy to make an appointment with a GP. A number of patients said they thought the staffing levels were the cause of this concern. Appointments provided per week were lower than the recommended levels for the size of the practice population. The practice had failed to listen to and respond to patient feedback on this.

Complaints had been investigated and responded to in a timely manner. However, the complaints procedure required review and improvements were needed to demonstrate the investigation behind complaints and that appropriate action had been taken to remedy patients' concerns and act on their feedback.

The practice reviewed the needs of the local population and worked in collaboration with partner agencies to improve outcomes for patients. Clinical staff attended meetings, including multi-disciplinary meetings, to review the needs of patients and plan for meeting patients' needs.

The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

There were no clear and appropriately documented clinical governance meetings. Clinical issues were an agenda item at practice meetings but the minutes of these lacked detail and gave no indication of what clinical matters had been discussed.

Staff told us they felt confident to raise concerns. But we saw no evidence that staff concerns over matters such as the appointments system or staffing levels had been raised. We saw no evidence to show that the practice acted upon feedback from patients.

Staff were clear about their roles and responsibilities and lines of accountability. The practice had a number of policies and procedures in place to govern activity and regular meetings were held.

There was a small patient participation group who attended regular meetings about the practice. A member of the group gave us positive feedback about the practice.

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

Requires improvement

The practice is rated as requires improvement for the care of older people. This is because the concerns which led to the overall rating of 'requires improvement' apply to everyone using the practice, including this population group.

- The practice offered personalised care and treatment to meet the needs of the older people in its population.
- The practice provided a range of enhanced services, for example, dementia screening and end of life care planning.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. For example, the percentage of patients who had chronic obstructive pulmonary disease (COPD) who had undergone a review of their condition was higher than the national average at 95.8%.
- Home visits and urgent appointments were provided for patients with enhanced needs.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care for patients nearing the end of their life) to ensure patients received appropriate care. The number of patients recorded as receiving end of life care was low. The practice should review their data to ensure that all patients receiving end of life care have been captured.
- The practice worked to avoid unplanned hospital admissions for patients.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. This is because the concerns which led to the overall rating of 'requires improvement' apply to everyone using the practice, including this population group.

- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required immunisations received these.
- Patients with long term conditions attended regular reviews to check that their health and medication needs were being met.

Summary of findings

The lead role in chronic disease management was maintained by the practice nurse. The practice nurse had recently left and a new nurse had been appointed and was scheduled to commence soon after our visit. Patients were sent reminders to attend for health checks if they failed to attend their original appointment.
- Longer appointments and home visits were available when needed.
- Data from 2014 to 2015 showed that the practice had higher than average performance for the care and treatment of people with chronic health conditions such as diabetes.

We found that not all patients who required regular checks on their blood as a result of them having a long term condition had been provided with these. We also found that pre-diabetic patients were not always being managed in line with best practice guidance.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. This is because the concerns which led to the overall rating of 'requires improvement' apply to everyone using the practice, including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Staff had appropriate training and knowledge about child protection and GPs reported to child protection case conferences when requested. The computer system identified children at risk, although this was limited to 'looked after children' which had been used as the code for all vulnerable children. The practice did not hold regular meetings with health visitors. This is despite this being a locally agreed action following a review of safeguarding procedures across the CCG.
- Appointments were available outside of school hours and we were told that appointments were provided to children at short notice. However, we did see a complaint that an appointment had been refused for a small child.
- Staff we spoke with were not always clear about issues of consent for children and young people.
- The premises were suitable for children and babies and baby changing facilities were provided.
- The practice offered appointments with an advanced paediatric nurse practitioner who had specialist training and experience in the diagnosis, care and treatment of ill children. This was

Summary of findings

provided as part of a locally agreed pilot with the Clinical Commissioning Group (CCG).The pilot also included the services of a family nurse practitioner whose role was to support families with health needs in the community.
- Child immunisation rates were comparable with local CCG benchmarking for standard childhood immunisations. The practice monitored non-attendance of babies and children at vaccination clinics.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). This is because the concerns which led to the overall rating of 'requires improvement' apply to everyone using the practice, including this population group.

- The practice offered electronic prescribing and an online appointment services which provided flexibility to working patients and those in full time education.
- Telephone consultations were available every day.
- The practice was part of a cluster of practices whose patients could access appointments at a local Health and Wellbeing Centre up until 8pm in the evenings Monday to Friday, and from 8.00am to 8.00pm Saturdays and Sundays, through a pre-booked appointment system.
- The practice provided an enhanced service allowing patients who lived out of area to register at the practice if they worked in the area.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. This is because the concerns which led to the overall rating of 'requires improvement' apply to everyone using the practice, including this population group.

- Staff were aware of their responsibilities to share safeguarding concerns and how to contact relevant agencies. Staff gave us a number of recent examples of when they had reported concerns.
- The practice held a register of patients living in vulnerable circumstances to target their treatment, for example to ensure annual health checks were provided for people with a learning disability.

Summary of findings

- The GPs provided primary care to people living in a local hostel and staff told us patients were signposted to support services.
- We found there was limited information in the reception and waiting areas to signpost patients to support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia)

Requires improvement 

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). This is because the concerns which led to the overall rating of 'requires improvement' apply to everyone using the practice, including this population group.

- Data about how people with mental health needs were supported showed that outcomes for patients using this practice were above average when compared to local and national averages. For example data showed that 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practice provided an enhanced service for screening patients to identify patients at risk of dementia and to develop care plans with them.
- Patients with dementia were referred to a memory clinic if this was appropriate.
- The GPs used an assessment tool for screening patients for depression and patients were signposted to support services.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was generally scored comparable to or below average when compared to local and national averages. There were 104 responses out of the 414 surveys distributed which was equivalent to a 25% response rate. The response represents 1.76% of the practice population.

The practice received comparable but lower scores to the Clinical Commissioning Group and national averages from patients for matters such as: feeling listened to, being given enough time, being treated with care and concern and getting an appointment.

For example:

- 84.4% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 90.4% and national average of 88.6%.
- 85.2% said the last nurse they spoke to was good at listening to them (CCG average 91.3% national average 91%).
- 81.3% said the GP gave them enough time (CCG average 89.4%, national average 86.6%).
- 91.7% said they had confidence and trust in the last GP they saw (CCG average 96.7%, national average 95.2%)
- 83.6% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.8%, national average 90.4%).
- 77.8% were able to get an appointment to see or speak with someone the last time they tried (CCG average 83.4% and a national average of 85.2%).

A lower than average percentage of patients, 76% described their overall experience of the surgery as good compared to a CCG average of 82.2% and a national average of 84.8%.

We spoke with three patients during the course of the inspection visit and they told us the care and treatment they received was good. As part of our inspection process, we asked for CQC comment cards to be completed by patients. We received 20 comment cards. These were all positive in terms of the care and treatment provided. Staff were described as 'professional', 'polite', 'caring' 'helpful' and 'understanding'. However, almost one third of comment cards identified concerns with the appointments system and the difficulty patients had in getting an appointment. Comments we received included: 'The service is overwhelmed', 'It's a struggle for appointments', 'Emergency appointments can be difficult' and 'It's almost impossible to get an appointment'.

Areas for improvement

Action the service MUST take to improve

Action the provider must take to improve:

- Implement a system to ensure dissemination and implementation of best practice guidance.
- Implement a clinical governance system to assess the quality of care and treatment provided and drive improvement. To include ensuring significant events have been captured, appropriately investigated and acted upon.
- Ensure prescribing practices are reviewed and patient monitoring is appropriate.
- Ensure the complaints procedure includes the required information for dealing with complaints at different stages and demonstrate that learning from complaints has been acted upon to improve patients' experiences of the service.
- Ensure there is an effective system in place for responding to medical emergencies.
- Ensure a review of staffing is carried out to establish if there are sufficient numbers of clinical and non-clinical staff deployed at the practice.

Summary of findings

- Ensure all clinicians are fully aware of the guidance for consent for children and young patients to ensure patients are provided with the appropriate care and treatment.

Action the service SHOULD take to improve

Actions the provider should make to improve:

- Review how patient data is used to provide/ generate information on the needs of the patient population, to identify patients' needs more readily and to be able to monitor more effectively the data used to drive improvements in outcomes for patients.
- Review training needs to support the effective management of information governance and data protection.

Park View Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Park View Medical Practice

Park View Medical Practice is located in Orford Jubilee Park, Warrington, Cheshire. The practice provides a service to approximately 5,912 patients. The practice is situated in an area with below average levels of deprivation when compared to other practices nationally. The percentage of patients with long standing health conditions and health related problems in daily life is lower than average when compared to other practices nationally.

The practice is run by two GP partners (1 male and 1 female). The practice has a practice manager, and a team of reception/ administration staff. At the time of the inspection the practice had a vacancy for a practice nurse and they had a scheduled start date for a new nurse clinician to join the practice. The practice is open from 8.00am to 6.30pm Monday to Friday. The practice had signed up to providing longer surgery hours as part of the Government agenda to encourage greater access to GP services. As a result patients could access a GP at a Health and Wellbeing Centre in Warrington town centre from 6.30pm until 8.00pm Monday to Friday and between 8.00am to 8.00pm Saturdays and Sundays. This was by pre-booked appointment. Outside of practice hours patients can access the Bridgewater Trust for primary medical services.

The practice has a Personal Medical Services (PMS) contract and offers a range of enhanced services for example; childhood vaccination and immunisation, facilitating early diagnosis and support to patients with dementia and health checks for patients who have a learning disability.

Why we carried out this inspection

We carried out a comprehensive inspection of the service 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?

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

Detailed findings

- 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 visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed information from CQC intelligent monitoring systems. We also reviewed national patient survey information.

We carried out an announced visit on 3 February 2016. During our visit we:

- Spoke with a range of staff including GPs, the practice manager, reception and administration staff.
- Spoke with patients who used the service.
- Observed how staff interacted with patients face to face and when speaking with people on the telephone.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.
- Looked at the systems in place for the running of the service.
- Viewed a sample of the practices' key policies and procedures.

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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a form for recording these events. The records indicated that significant events had been investigated but they contained only brief information about any actions that had been taken as a result or of any changes to practice to prevent a re-occurrence. The practice had few serious events recorded. Records showed there had been only three significant events over the last 12 months. We saw at least one complaint which should have been documented and investigated as a significant event. The practice should review the significant events procedures to ensure they are clear about what constitutes a significant event and to ensure these are being captured and acted upon.

The practice manager maintained a record of safety alerts received by the practice and what action they had taken to disseminate them. However, this record did not include information about any further actions carried out in response to the alerts.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe. However, some of these required improvement. The systems and practices included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. The practice had a copy of the local arrangements for safeguarding children but they did not have an internal policy and procedure. The practice manager addressed this during the course of the inspection visit. Contact details and process flowcharts for child protection were displayed in the clinical areas. One of the GP partners was the lead member of staff for safeguarding. The GPs provided safeguarding reports where necessary to other agencies. Staff demonstrated they understood their responsibilities to report safeguarding and they provided examples of how they had recognised and reported safeguarding concerns. All staff had received training relevant to their role. Alerts were recorded on the electronic patient records system to identify if a child was at risk. However, only one code was used and this could result in staff not being fully aware of the level of risk to a child. The practice did not hold regular meetings with health visitors to share information and concerns about individual patients or families. These meetings had been recognised as an area for improvement following a Clinical Commissioning Group led review of safeguarding procedures across the locality.
- A notice in surgery rooms advised patients that staff were available to act as chaperones, if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Appropriate standards of cleanliness and hygiene were maintained. We observed the premises to be clean. There were infection control protocols in place and staff had received up to date training in infection control. The most recent infection control audit had been undertaken in July 2015. The results of the audit were good and a high score had been achieved.
- A designated member of staff attended regular meetings with the Clinical Commissioning Group (CCG) looking at prescribing issues across the locality and how these could be improved. A system was in place to identify patients who were prescribed potentially harmful drugs as a means to ensure they were monitored regularly for the effects of the medicines. However, we found the system to check that patients who required warfarin had had regular checks on their blood was not robust as a number of patients who were taking warfarin had not had the appropriate routine blood tests carried out within the required timescale. Prescribing data for the practice showed a number of medicines prescribed were above the national averages. The GPs had taken steps to review this and reduce the prescribing for the medicines concerned. There were systems in place to monitor the use of prescriptions. However, this was not fully effective as we found some

discrepancies whereby patients were still being prescribed medicines they no longer required. The arrangements for managing immunisations and vaccinations were appropriate and safe.

- The only emergency medicine held at the practice was adrenalin. This is not in line with best practice guidance for ensuring GPs are equipped to deal with a medical emergency. There was no risk assessment in place to support the lack of medicines for emergency use and no documented rational for the maintenance of adrenalin only. The practice had a supply of oxygen and a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises. A system was in place to monitor the expiry dates of emergency medicines. However, this had failed to pick up a number of out of date syringes.
- We reviewed a sample of staff personnel files in order to assess the staff recruitment practices. Our findings indicated that appropriate recruitment checks had been carried out for staff. For example, proof of identification, employment references and the appropriate checks through the Disclosure and Barring Service.
- There was a health and safety policy available and staff had been provided with training in health and safety. We saw that up to date risk assessments were in place to monitor the safety of the premises such as; fire safety, control of substances hazardous to health, infection control and legionella. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning the number and mix of staff on duty. However, feedback we received from patients about difficulties in getting through to the practice by telephone and in getting an appointment with a GP should from part of a comprehensive review of the appointments system, including staff capacity and demand on the service. The practice employed one practice nurse. At the time of the inspection the practice nurse post was vacant. A nurse practitioner was scheduled to start work at the practice. The practice had four part time reception staff and a part time secretary in post. Reception staff told us they felt over stretched in their work. A review of staffing levels had not been carried out by the practice despite concerns raised by patients.

Arrangements to deal with emergencies and major incidents

The practice had a number of 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 and emergency call buttons were located in each surgery. Systems to record accidents and incidents were in place. The practice had a business continuity plan in place for major incidents such as power failure or building damage. All staff received annual training in basic life support. However, the arrangements for dealing with medical emergencies were insufficient as minimal emergency medicines were available and there was a lack of checks on associated equipment such as syringes.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs assessed patients' needs and told us they delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. NICE guidance provides evidence-based information for health professionals. We did not see any evidence to show how NICE guidance was effectively shared and disseminated across the practice. We used the practices' data base to look at the care provided to pre-diabetic (patients who were at increased risk of developing diabetes) to assess if clinical staff were following current best practice. Of the ten patients classified in this group, one was diabetic but they had not been coded as such or followed up appropriately. Of the remaining nine only four had been followed up and managed in line with NICE guidance. The practice did not always disseminate learning from best practice guidance or put the learning into practice through a system of continuous monitoring and review of treatment pathways and data. The practice manager agreed to seek training for staff in how to use the system to better effect.

The practice used a system of coding and alerts within the clinical record system to aim to ensure that patients with specific needs were highlighted to staff. For example, patients on the palliative care register or children at risk. However, we found the practice was not using the data base effectively in how it was coding patients according to their needs. For example, children at risk were all coded as 'Looked after children' and the number of patients on the register for receiving end of life care was low which could indicate that not all patients were being captured, for example the data indicated that there were no patients receiving end of life care who were living in care homes.

The GPs used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital and the referrals were monitored to ensure an appointment was provided within two weeks and that patients attended.

Management, monitoring and improving outcomes for people

The practice used information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice had achieved 98.9 % of the total number of points available with an exception reporting rate of 13%. This practice was not an outlier for any QOF clinical targets. Data from 2014 to 2015 showed;

- Performance for diabetes related indicators was better than the Clinical Commissioning Group (CCG) and national averages. For example, patients with diabetes, on the register, who had influenza immunisation in the preceding year, was 99.4% compared with a national average of 94.45%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 84.99% which was comparable to the national average of 83.65%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 95.87% compared to a national average of 89.9%.
- The performance for mental health related indicators was higher than the national average, for example: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 96% compared to a national average of 86.04%. We did note however that exception reporting for mental health indicators were higher than the national average.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 100% compared to a national average of 83.82%.

Clinical audits had been carried out and these demonstrated improvements in patient outcomes.

Full two cycle audits had been carried out which demonstrated improvements to patient care. For example an audit was carried out to identify patients who were

Requires improvement

Are services effective?

(for example, treatment is effective)

diabetic to ensure they were receiving appropriate treatment. As a result some patients were provided with different treatments, some were monitored more closely at the practice and others were referred to secondary care.

The practice was run by two GP partners. We found there were no clinical meetings taking place. Clinical issues were added to practice meetings as a standard agenda item. However, the details of clinical issues discussed were minimal. One of the GP partners told us they were the lead for all areas of clinical work.

Staff at the practice attended a regular practice meeting. GPs attended a range of locality meetings and quarterly 'Gold Standard Framework' meetings. These are multi-disciplinary meetings between the GPs, district nurses and other relevant health professionals to review the care and treatment provided to patients receiving end of life care.

Effective staffing

Staff generally told us they felt supported in their roles, although some staff felt they were not fully supported as a result of low staffing levels. The practice had an induction programme for newly appointed members of staff. Staff had access to and made use of e-learning training modules and in-house training. Staff had been provided with training in core topics including: safeguarding, fire procedures, basic life support and information governance awareness. All clinical staff were kept up to date with accreditation and revalidation.

All staff had undergone an appraisal within the last 12 months. Appraisals provide staff with the opportunity to review/evaluate their performance and plan for their training and professional development.

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 practices' patient record system and the intranet system. This included access to medical records, care plans, investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring people to other services for secondary care. However, the practice was not using the data available to them to monitor aspects of the service and ensure practices were robust. Information such as NHS patient information leaflets were also readily available through the computerised system.

The practice worked in collaboration with other practices. The practice worked with four neighbouring practices (whose practice populations shared similar demographics) in providing a pilot supported by the Prime Minister's Challenge Fund. This included the provision of a minor ailment and paediatric ambulatory care service for children up to 16 years of age provided by an advanced paediatric nurse practitioner. The pilot also included providing health promotion and family support for children and families with more complex medical and social needs.

The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care to patients nearing the end of their life) to ensure patients received appropriate care. The practice participated in a scheme to avoid unplanned admissions to hospital which helped reduce the pressure on A&E departments by treating patients within the community or at home. They also had a system to inform the out of hours service about patients' needs.

Consent to care and treatment

Clinical staff told us they understood the consent and decision-making requirements of legislation and guidance including the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that decisions are made in people's best interests. GPs demonstrated their understanding of the MCA by providing examples of how they had used the guidance to support patients. However, we were not assured that all clinical staff were as clear for providing care and treatment for children and young people in line with relevant guidance. One of the GPs told us that children under 16 were only given appointments when accompanied by an adult. This could result in children and young people not seeking the care and treatment they need despite having the capacity to consent to care and treatment.

Staff had been provided with training in information governance (protecting personal information) and staff were able to demonstrate their understanding of

Requires improvement

Are services effective?

(for example, treatment is effective)

confidentiality and how it applied to their work. However, we found that confidential information pertaining to a number of patients had been left unsecured in one of the consulting rooms.

Health promotion and prevention

The practice identified patients in need of extra support. These included patients in the last 12 months of their lives, patients with conditions such as heart failure, hypertension, epilepsy, depression, kidney disease and those at risk of developing a long-term condition. Patients who had long term conditions were followed up throughout the year to ensure they attended health reviews and they were signposted to relevant services.

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

Patient uptake for the cervical screening programme was 72.2% which was comparable to the national average of 75.8%. Bowel screening uptake for patients aged 60-69 within six months of invitation was 47% compared to a national average of 55.7%. Childhood immunisation rates were in line with CCG averages.

Staff told us they signposted or referred patients to local support service, for example for dietary and nutritional advice. We found there was limited information to inform patients of common health conditions or signpost patients to local services for advice and support. Staff told us they were restricted in displaying information so they had set up a file on the reception desk with patient information in. This was in place but it contained limited information.

Requires improvement

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We saw that members of staff were courteous to patients during the course of our visit. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. A private room was available if patients wanted to discuss sensitive issues or if they appeared distressed.

The practice had a long standing staff team. This meant staff knew the patient group well and that patients received a good level of consistency in the people providing their care and treatment.

We made comment cards available at the practice prior to our inspection visit. All of the CQC patient comment cards we received were positive about the care and treatment provided by the practice. Patient feedback described staff at the practice as 'professional', 'polite', 'caring' 'helpful' and 'understanding'.

Results from the national GP patient survey showed patients generally scored the practice lower than local and national average scores for aspects of care. The patient survey contained aggregated data collected between July - September 2014 and January - March 2015.

The practice scored comparable to but lower than average for patient satisfaction scores on consultations with doctors when compared to the average Clinical Commissioning Group (CCG) and national scores. For example:

- 81.3% said the GP gave them enough time (CCG average 89.4%, national average 86.6%).
- 91.7%said they had confidence and trust in the last GP they saw (CCG average 96.7%, national average 95.2%).
- 79.6% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85.1%).

The practice scored comparable to but lower than average for patients' feedback about the nursing staff in some areas but above average for having trust and confidence in the nurse. For example:

- 81.8% said the last nurse they saw or spoke to was good at giving them enough time compared to a CCG average of 92% and a national average of 91.9%.
- 83.6% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.8%, national average 90.4%).
- 98.3% said they had confidence and trust in the last nurse they saw or spoke to (CCG average of97.7%, national average 97.1%).

The practice scored comparable to but lower than local and national average scores with regards to the helpfulness of reception staff and patients' overall experiences of the practice: For example:

- 82.7% said they found the receptionists at the practice helpful (CCG average 83.8%, national average 86.8%).
- 76% described their overall experience of the practice as good (CCG average 82.2%, national average 84.8%).

We spoke with a member of the patient participation group (PPG). They told us they felt listened to by staff at the practice. Members of the patient participation group met on a regular basis to discuss the practice and provide feedback on the service. We saw in the minutes of a PPG meeting that a concern had been raised about staffing levels. However, we saw no evidence that the practice had taken action to address the concern.

We spoke with three patients during the course of the inspection and they gave us positive feedback about the service they received from the GPs, practice nurse (recently left post) and reception staff.

We viewed a number of complaints from patients who had raised concerns about how they had been addressed by staff when they had challenged them about difficulties in getting an appointment. The response to patients' complaints in these instances was sympathetic but dismissive of their concerns. The practice manager told us the practice had a 'zero tolerance' policy to aggressive behaviour. But we saw no evidence to indicate the patients' concerns had been fully investigated or that patients' concerns about the difficulties with appointments were being acted upon.

Care planning and involvement in decisions about care and treatment

Requires improvement

Are services caring?

Patients told us through discussions and in comment cards that they felt involved in making decisions about the care and treatment they received. Results from the national GP patient survey showed patients scored the practice comparable to but lower than local and national average scores to questions about their involvement in planning and making decisions about their care and treatment from their GP. For example:

- 84.4% said the GP was good at listening to them (CCG average of 90.4%, national average of 88.6%).
- 85.2% said the last GP they saw was good at explaining tests and treatments (CCG average of 86.9%, national average of 86%).
- 75.7% said the last GP they saw was good at involving them in decisions about their care (CCG average 82.7%, national average of 81.4%).

The same questions about nursing staff were comparable to but lower than local and national average scores. For example:

- 85.2% said the last nurse they saw or spoke to was good at listening to them (CCG average of 91.3%, national average of 91.0%).
- 80% said the last nurse they saw or spoke to was good at explaining tests and treatments(CCG average of 89.4%, national average of 89.6%).
- 77.8% said the last nurse they saw or spoke to was good at involving them in decisions about their care (CCG average of 85.3%, national average of 84.8%).

Staff told us that translation services were available for patients who did not have English as their first language. They also told us the information available to patients could be provided in alternative language or formats if this was required by the patients. The practices' website provided information about the services provided in a wide range of languages.

Patient and carer support to cope emotionally with care and treatment

Patients were referred to a healthy living centre if this was appropriate to their needs and they were provided with advice and guidance for promoting good health such as smoking cessation advice and support. However, we found there was very limited information available in the patient waiting area to inform patients about how they could access support groups and organisations. The local Citizens Advice Bureau provided regular drop in sessions at the practice.

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

The practice maintained a register of known carers. The practice's computer system alerted GPs if a patient was also a carer. Staff told us they provided information to direct carers to various avenues of support available to them. Alerts were put on carers' patient records to ensure they could be offered longer appointments if this was required.

Requires improvement

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 improve the service provided. For example, the practice had signed up to a neighbourhood of practices to secure the services of an advanced paediatric nurse to provide outpatient care to children and prevent unplanned hospital admissions. This was in response to local data about the number of child attendances at Accident and Emergency. The practice also worked to ensure unplanned admissions to hospital were prevented through identifying patients who were at risk and developing care plans with them to prevent an unplanned admission.

Access to the service

The practice is open from 8.00am to 6.30pm Monday to Friday. The practice had signed up to providing longer surgery hours as part of the Government agenda to encourage greater patient access to GP services. As a result patients could access a GP at a Health and Wellbeing Centre in Warrington town centre from 6.30pm until 8.00pm Monday to Friday and between 8.00am to 8.00pm Saturdays and Sundays. This was by pre-booked appointment. Outside of practice hours patients can access the Bridgewater Trust for primary medical services.

Urgent and pre-bookable routine appointments were available if required. There were alerts on the computerised system if patients required support for their appointment. There were longer appointments available for people with a learning disability. Home visits were available for older patients and other patients who required these. Same day appointments were available for children and those with serious medical conditions. Services were also provided on an opportunistic basis such as child immunisations.

Feedback from patients about the appointments system indicated that the practice was not fully responsive to the needs of patients. Feedback indicated that patients found it difficult to get an appointment and patients used terms such as 'overwhelmed' and 'struggling' when describing the practice and the appointments system. Patients told us they had to phone the practice to request an appointment for that day and that sometimes, by the time they got through to the practice, the appointments had gone and they had to try again the following day and could face the same difficulty. We looked at the number of GP appointments provided per week. We found that the practice was providing approximately 253 GP appointments per week for a practice population of 5,912. This was significantly below the number of appointments required for the size of the practice population. Staff rotas showed that during the week prior to our inspection there were three sessions when there was only one GP available for appointments. The registered partners told us they were actively trying to recruit a salaried GP and they had used a number of locum GPs in the interim.

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

- 57.7% of patients were satisfied with the practices' opening hours compared to the national average of 74.9%.
- 75.1% of patients said they could get through easily to the surgery by phone (CCG average 60.5%, national average 73.3%).
- 77.8% of patients said they were able to get an appointment to see or speak to someone the last time they tried (CCG average 83.4%, national average 85.2%).
- 69.7% of patients described their experience of making an appointment as good (CCG average 66%, national average 73.3%).

The practice was located in a modern purpose built building. The premises were fully accessible for people who required disabled access. A hearing loop system was available to support people who had difficulty hearing. A translation service was available for people who required this.

A practice information leaflet was available that included: details about the services available to patients such as clinics and home visits and provided information on how patients could make a complaint.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The practice manager was the lead person for ensuring complaints were managed appropriately.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Information about how to make a compliant was provided to patients in the patient information leaflet and this included information about how to raise a complaint with NHS England.

We looked at complaints received in the last 12 months and found that these had been responded to in a timely manner. Complaints had been logged and response letters indicated that they had been investigated but we did not see any evidence to support the investigations. The response to complaints was generally sympathetic but did not always address the points raised in the compliant. For example, there had been four complaints in January 2016 about access to appointments, some of which included complaints about how staff had responded to the patients concerned. The response was a standardised response. The responses provided no information to inform patients what they could do if they were not satisfied with the outcome. One letter of complaint specifically asked for a copy of the complaints procedure and who else they could go to with their concerns but this was not provided in the response to the complainant.

We saw no evidence that the practice was learning from complaints and improving the service in response.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice aimed to deliver high quality care and treatment and promote good outcomes for patients. Staff felt that the practice delivered high quality care and support. Feedback from patients indicated that they were happy with the standard of care and treatment provided and that they experienced good outcomes from the service.

One of the GP partners was a director for 'Warrington Health Plus'. This is a community interest company funded by the Prime Minister's Challenge Fund. As a result the GP was aware of the local health economy and demographics and was involved in developing strategies to improve the provision of primary care across the CCG whilst working in collaboration with secondary care and community care providers.

Governance arrangements

The practice had systems in place for governing the service but some of these required improvement. For example; there was no evidence that effective clinical meetings were taking place, practice was not always being effectively monitored and assessed to ensure care and treatment was delivered in line with current evidence based guidance, the management of medicines prescribing was not fully effective and there was no evidence of best practice in relation to dealing with medical emergencies. Practice meetings took place but these did not include standing agenda items to demonstrate that information such as: safety alerts, significant events and NICE guidance had been disseminated.

The practice was not always using data effectively to generate and provide information on the needs of the patient population, to identify patients' needs or to monitor any improvement in outcomes for patients.

Clinical audits had been carried out and these were used to monitor quality and to make improvements to outcomes for patients. The GPs had a good understanding of some areas of performance. For example, the practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data showed that the practice achieved results comparable to and above other practices locally and nationally for the indicators measured.

There was a clear staffing structure and staff were aware of their roles and responsibilities.

The GPs had been supported to meet their professional development needs for revalidation (GPs are appraised annually and every five years they undergo a process called revalidation whereby their licence to practice is renewed. This allows them to continue to practice and remain on the National Performers List held by NHS England). All other staff were supported through annual appraisal and continuing professional development.

Practice specific policies and standard operating procedures were available to staff. Staff we spoke with knew how to access these and any other information they required in their role.

Leadership, openness and transparency

Staff told us they would report any concerns they had to the GP partners. However, we saw no evidence that staff had raised their concerns about staffing levels and the appointments system.

Many of the staff including the GP partners, the practice manager and the reception and administration team had worked together for several years. Staff turnover across the practice was low with most staff having been in post for a number of years. Staff told us they felt supported and appropriately trained and all staff had undergone an appraisal of their work

Seeking and acting on feedback

The practice had an active patient participation group (PPG). The PPG met on a regular basis to provide feedback about the practice. The practice had not introduced any other means to obtain feedback from patients despite concerns raised about difficulties in accessing appointments.

We were not assured that the practice was learning from feedback from patients and making changes to practices in response. For example they had not reviewed the appointments system in response to complaints or arranged for staff to be provided with training in response to issues about staff conduct raised in complaints.

Continuous improvement

The practice was involved in local schemes to improve outcomes for patients. The practice shared information

Are services well-led?

Requires improvement

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

with us about the challenges to their work and about the plans they had for future improvement. These include the recruitment of a salaried GP and a new practice nurse clinician role.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **Regulation 9: Person–centred care** **Patients' needs were not always assessed and treatment delivered in line with current evidence based guidance. Regulation 9 (1)(3)(a)(b).** **Clinicians were not always fully aware of the guidance for consent for children and young patients. Regulation 9 (1)(3)(a)(b).**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12: Safe care and treatment** **Medicines prescribing practices were not robust. The practice was not maintaining an appropriate supply of emergency medicines to enable clinical staff to respond to medical emergencies. Regulation 12 (2)(f)(g).**

Regulated activity	Regulation
	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **Regulation 16: Receiving and acting on complaints** **The complaints procedure did not include the required information for dealing with complaints at different stages. The provider was not learning from complaints and taking action to improve patients' experiences of the service. Regulation 16 (1)(2).**

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17: Good Governance** The provider did not have effective arrangements in place to assess, monitor and improve the quality and safety of the services provided. Regulation 17 (1)(2)(a)(b).

Regulated activity	Regulation
	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Regulation 18: Staffing** The provider had not reviewed staffing levels to ensure there were sufficient numbers of suitably qualified, skilled and experienced members of staff deployed within the service. Regulation 18 (1).