

Drs Macdonald, Guinan, Charles-Jones & Anderson

Quality Report

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

Ratings

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

Summary of findings

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	5
What people who use the service say	8
Areas for improvement	9
Outstanding practice	9

Detailed findings from this inspection

Our inspection team	10
Background to Drs Macdonald, Guinan, Charles-Jones & Anderson	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	22

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Macdonald, Guinan, Charles-Jones & Anderson (also known as Lache Health Centre) on 3rd December 2015.

Overall the practice is rated as good.

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

- Staff were aware of procedures for safeguarding patients from the risk of abuse.
- There were systems in place to reduce risks to patient safety, for example, infection control procedures and the management of staffing levels. However, improvements were needed to the recruitment records and systems in place for the safe management of vaccines.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.
- Patients were overall very positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful.
- Services were planned and delivered to take into account the needs of different patient groups.
- Access to the service was monitored to ensure it met the needs of patients. Patients reported satisfaction with opening hours and said they were able to get an appointment when one was needed.
- The practice sought patient views about improvements that could be made to the service and acted on patient feedback. Information about how to complain was available.

Summary of findings

- There were systems in place to monitor and improve quality and identify risk.

We saw an area of outstanding practice:

- The healthcare assistant, practice nurse and practice manager had received awards this year from the West Cheshire Clinical Commissioning Group for Practice Manager of the Year, Carer's Link of the year and Practice Nurse of the Year. The awards are designed to recognise, highlight, and reward hard work and innovation.

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

- The provider must ensure that evidence is held at the practice to confirm all clinical staff have received a Disclosure and Barring Service (DBS) check to confirm their suitability for employment.

- The procedures for the management of vaccines need to be reviewed to ensure they are held securely, safely monitored and any concerns are identified, reported, investigated and appropriate action taken.

The areas where the provider should make improvements are:

- Establish a system to check the continuing suitability of GPs by checking the GMC and Performers List.
- Ensure a record is kept of building and equipment checks, the outcome and when they are due to assist in monitoring the safety of the premises and equipment.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services. Staff were aware of procedures for safeguarding patients from risk of abuse. There were appropriate systems in place to protect patients from the risks associated with staffing levels and staff skill mix and infection control. However, improvements were needed to the recruitment records and systems in place for the safe management of vaccines.

Requires improvement



Are services effective?

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff had received training appropriate to their roles.

Good



Are services caring?

The practice is rated as good for caring. Patients were positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Patients felt involved in planning and making decisions about their care and treatment. Staff we spoke with were aware of the importance of providing patients with privacy.

Good



Are services responsive to people's needs?

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

Good



Are services well-led?

The practice is rated good for being well-led. It had a clear vision and strategy. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice sought feedback from staff and patients, which it acted on. The practice was innovative in the services it had implemented and was planning to implement to improve patient care.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. The practice was knowledgeable about the number and health needs of older patients using the service. They kept up to date registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice carried out home visits and also visited care homes in the area. The practice worked with other local practices to enhance patient care. For example, the practices had developed a role for a GP with a specialist interest in elderly care. The aim of this role being to complement the work of community Geriatricians and prevent hospital admissions where possible. This year the practice had funded research to review polypharmacy (polypharmacy is the use of four or more medications by a patient, generally adults aged over 65 years) to enhance the care of patients who may not attend the practice regularly and to review their medication. Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate services. The healthcare assistant was the carers link and had recently received an award from the West Cheshire Clinical Commissioning Group (CCG) for Carer's Link of the year.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. The practice had a system in place to make sure no patient missed their regular reviews for long term conditions. GPs and practice nurses were responsible for different long term conditions which meant they kept up to date in their specialist areas. The lead nurse in chronic disease management had recently been awarded Practice Nurse of the Year by the CCG for her work in this area. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs. The practice held an annual "Flu Fun Day" where all patients with a long term condition were invited to be immunised and to access additional help if needed. These events were attended by services such as

Good



Summary of findings

smoking cessation and the falls prevention team. The practice was piloting a “telehealth” service which enabled patients to monitor their health at home and report their results to an advisor who advised on any action needed if there were changes to their conditions. This service was being piloted with a small group of patients and its aim was to improve access to health services and reduce unnecessary admissions or readmissions to hospital.

Families, children and young people

The practice is rated as good for the care of families, children and young people. Child health surveillance and immunisation clinics were provided. A drop-in service for baby immunisations had been introduced to encourage uptake. The staff we spoke with had appropriate knowledge about child protection and they had access to policies and procedures for safeguarding children. The safeguarding lead GP liaised with and met regularly with the health visitor to discuss any concerns about children and how they could be best supported. The practice was planning to be part of a project looking at improving patient care by moving some paediatric care from hospital settings into the community.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice offered pre-bookable appointments, book on the day appointments and telephone consultations. Patients could book appointments on-line or via the telephone and repeat prescriptions could be ordered on-line which provided flexibility to working patients and those in full time education. The practice was open from 08:00 to 18:30 Monday to Friday allowing early morning and late evening appointments to be offered to this group of patients. An extended hour's service for routine appointments was commissioned by West Cheshire CCG.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. Patients' electronic records contained alerts for staff regarding patients requiring additional assistance. For example, if a patient had a learning disability to enable appropriate support to be provided. One of the nurses took the lead for working with patients with a learning disability and provided advice and guidance to staff. There was a recall system to ensure patients with a learning disability received an annual health check and the practice followed up any missed appointments at hospital or at the practice to ensure this group of

Good



Summary of findings

patients received the care they needed. Staff we spoke with had appropriate knowledge about safeguarding vulnerable adults and they had access to the practice's policy and procedures and had received training in this.

People experiencing poor mental health (including people with dementia)

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients receiving support with their mental health. Patients experiencing poor mental health were offered an annual health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice carried out assessments of patients at risk of dementia to encourage early diagnosis and access to support. The majority of staff had recently attended training in dementia to highlight the issues patients living with dementia may face. Patients were referred to health and social care services to support them with their mental health such as counselling and psychiatry services.

Good



Summary of findings

What people who use the service say

Data from the National GP Patient Survey July 2015 (data collected from January-March 2015 and July-September 2014) showed that patients' responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff and involved in decisions about their care and treatment were either about or above average when compared to local and national averages. The practice distributed 319 survey forms, 124 were returned which represents 2% of the practice population.

- 88% said the GP was good at listening to them compared to the CCG average of 92.1% and national average of 88.6%.
- 88.3% said the GP gave them enough time compared to the CCG average of 90% and national average of 86.6%.
- 86.5% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88.6% and national average of 85.1%.
- 96.1% said the nurse was good at listening to them compared to the CCG average of 92.1% and national average of 91%.
- 95.4% said the nurse gave them enough time compared to the CCG average of 93.3% and national average of 91.9%.
- 94.5% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91.8% and national average of 90.4%.
- 85.8% patients said they found the receptionists at the practice helpful compared to the CCG average of 86.9% and national average of 86.8%.
- 92.8% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.8% and national average of 86%.

- 83.9% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85.5% and national average of 81.4%.
- 91.1% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90.3% and national average of 86.9%.
- 83.6% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85.9% and national average of 84.8%.

The national GP patient survey results showed that patient's satisfaction with access to the practice was generally comparable to local and national averages. For example:

- 82.2% of patients were satisfied with the practice's opening hours compared to the CCG average of 74.7% and national average of 74.9%.
- 72.4% patients described their experience of making an appointment as good compared to the CCG average of 72.9% and national average of 73.3%.
- 74% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73.3%.

We received 13 comment cards and spoke to seven patients. A number of comments made showed that patients felt a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns. Patients considered their privacy and dignity were promoted and they were treated with care and compassion. Two patients made comments that indicated they felt they had not been treated respectfully. Patients said they were generally able to get an appointment when one was needed and they were happy with the opening hours. Three said it could be hard to get through to the practice by telephone, especially in the morning and two said that seeing the same GP meant a longer wait for an appointment.

Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- The provider must ensure that evidence is held at the practice to confirm all clinical staff have received a Disclosure and Barring Service (DBS) check to confirm their suitability for employment.
- The procedures for the management of vaccines need to be reviewed to ensure they are held securely, safely monitored and any concerns are identified, reported, investigated and appropriate action taken.

Action the service **SHOULD** take to improve

- Establish a system to check the continuing suitability of GPs by checking the GMC and Performers List.
- Ensure a record is kept of building and equipment checks, the outcome and when they are due to assist in monitoring the safety of the premises and equipment.

Outstanding practice

- The healthcare assistant, practice nurse and practice manager had received awards this year from the West Cheshire Clinical Commissioning Group for

Practice Manager of the Year, Carer's Link of the year and Practice Nurse of the Year. The awards are designed to recognise, highlight, and reward hard work and innovation.

Drs Macdonald, Guinan, Charles-Jones & Anderson

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Drs Macdonald, Guinan, Charles-Jones & Anderson

Drs Macdonald, Guinan, Charles-Jones & Anderson is responsible for providing primary care services to approximately 6153 patients. The practice is based in a more deprived area when compared to other practices nationally. The number of patients with a long standing health condition, health related problems in daily life and with caring responsibilities is higher than average when compared to other practices nationally.

The staff team includes five partner GPs, three practice nurses, two health care assistants, three medicines managers, six receptionists, five administration clerks, a practice administrator and a practice manager. The practice is a training practice and at the time of our visit had two GP registrars working for them as part of their training and development in general practice.

The practice is open 08:00 to 18.30 Monday to Friday. An extended hour's service for routine appointments and an out of hour's service are commissioned by West Cheshire

CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust. The practice shares a building with a number of community services such as health visiting, school health advisers and community nursing.

The practice has a General Medical Service (GMS) contract. The practice offers a range of enhanced services including minor surgery, flu and shingles vaccinations and learning disability health checks.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Detailed findings

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

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

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We carried out an announced inspection on 3rd December 2015. We reviewed all areas of the practice including the administrative areas. We sought views from patients face-to-face, we looked at survey results and reviewed CQC comment cards completed by patients. We spoke with representatives from the Patient Participation Group (PPG). We spoke to clinical and non-clinical staff. We observed how staff handled patient information and spoke to patients. We explored how the GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting, recording and investigating significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via computer. The practice carried out an analysis of significant events and this also formed part of the GPs' individual revalidation process. The practice held staff meetings at which significant events were discussed in order to cascade any learning points. We looked at a sample of significant events and found that action was taken to improve safety in the practice where necessary.

However, during the inspection we found that the records of temperatures for the three fridges used to store vaccines had exceeded the recommended temperature guidelines. Records showed this had been exceeded on numerous occasions over several weeks going back to July 2015 and that the maximum reading was recorded as 15 degrees on some occasions when the recommended temperature is 8 degrees. This had not been identified as an issue and investigated as a significant event even though the policy for the safe management of vaccines indicates that action must be taken if the fridge temperature falls outside the recommended parameters. The practice nurse reported that the fridge temperatures had not been reset which should have been done routinely and may explain the high temperature readings. Following our visit appropriate action was reported as having been taken (including reporting the issue to NHS England) and we were informed that the manufacturers of the fridges concluded that the recommended temperature had not been exceeded but that the fridges had not been re-set to record the correct temperature. However, the processes for identifying and reporting significant events in relation to the management of vaccines need to be more robust.

Overview of safety systems and processes

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and procedures were accessible to all staff. The procedures clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The practice had systems in place to

monitor and respond to requests for attendance/reports at safeguarding meetings. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Any concerns about the welfare of younger children were discussed with the health visiting service for the area. Alerts were placed on patient records to identify if there were any safety concerns.

- A notice was displayed in the waiting room and in treatment rooms, advising patients that a chaperone was available if required. All staff who acted as chaperones had received a Disclosure and Barring Service check (DBS). T
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had an up to date fire risk assessment and other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health and infection control. All clinical and electrical equipment was checked to ensure it was working properly. The premises were leased and a number of building safety checks were undertaken by the landlord. We saw an email to confirm that these checks were being undertaken. A record was not maintained on site to indicate the date checks had been carried out and when they were due to assist in monitoring the safety of the premises and equipment. We noted that the measures in place to reduce unauthorised access to the consultation and treatment rooms had not been risk assessed.
- Appropriate standards of cleanliness and hygiene were followed. For example, cleaning schedules were in place, there was access to protective clothing and equipment and there was a system for the safe disposal of waste. There was an infection control protocol in place and staff had received up to date training. There was a lead for infection control who liaised with the local infection prevention team to keep up to date with best practice. Hand washing audits were regularly carried out to ensure staff were following handwashing guidelines. An overall audit had been carried out by the local Infection Prevention and Control Team in March 2015. This had identified some shortfalls and where possible these had been addressed. A number of shortfalls related to the decoration of the premises, for

Are services safe?

example, some clinical areas were carpeted. The building was owned by NHS Estates and there were plans for a refurbishment, however, the timescale for this had not been agreed. We noted a malodorous smell in one area of the building and were informed that this would be reported to the landlord.

- Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and managed. Medication reviews were undertaken. We found one container of out of date medication. This was disposed of following our visit.
- Improvements were needed to the management of vaccines. We found that vaccines were not kept in locked fridges or in a locked room. The room they were stored in could be locked however we were told this was not locked at all times when the room was vacant and we found this to be evident on the day of our visit. The vaccines seen were in date and stock was rotated. We saw the temperature of the fridges was checked daily, however the records showed that the maximum recorded temperature had exceeded the recommended temperature on numerous occasions over several weeks. This had not been identified as a possible risk to patient safety and consequently no remedial action had been taken. Following our visit we were informed that action had been taken to investigate this issue and to ensure the safe management of vaccines. The vaccine fridges had one thermometer, as an additional safeguard vaccine fridges should ideally have two thermometers, one of which is independent of mains power which provides a method of cross-checking the accuracy of the temperature.
- Recruitment checks were carried out and the four files we reviewed showed that in general appropriate recruitment checks had been undertaken prior to employment. One record did not contain photo identification and another record for a member of staff who had been employed for 16 years contained no references. A recruitment procedure was in place which demonstrated the process to be followed to ensure the suitability of staff. We saw that all the required

information was available for a member of staff who had recently been employed. We saw that a recent check of the Performers List and General Medical Council (GMC) had been undertaken for all GPs at the practice, however, a system for reviewing these checks was not established. Evidence that two of the GPs (appointed prior to registration with CQC) had received DBS checks was not available at the practice. The practice manager told us that these checks had been carried out by Cheshire West Primary Care Trust as this information was needed for the GPs to be included on the NHS Performers List (a record held by NHS England of all GPs suitable to practice). This was also confirmed by one of the GPs spoken with. Confirmation from the CCG that this check had been undertaken was not available. We were told that evidence of DBS checks was available for GPs appointed after registration with CQC.

- Staffing levels were reviewed to ensure patients were kept safe and their needs were met. In the event of unplanned absences staff covered from within the service. Duty rotas took into account planned absence such as holidays. GPs and the practice manager told us that patient demand was monitored through the appointment system and staff and patient feedback to ensure that sufficient staffing levels were in place.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training. The practice had a defibrillator and oxygen available on the premises which was checked to ensure it was safe for use. There were emergency medicines available which were all in date and held securely. We were told this was checked weekly. We noted that a record of the dates the emergency medicines were checked, stock held and expiration dates was not in use for monitoring this medication.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

We spoke with clinical staff about patients' consent to care and treatment and found this was sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to medical records.

Protecting and improving patient health

The practice offered national screening programmes, vaccination programmes, children's immunisations and long term condition reviews. Health promotion information was available in the reception area and on the website. The practice had links with health promotion services and recommended these to patients, for example, smoking cessation, alcohol services and falls prevention services. New patients registering with the practice completed a health questionnaire and were offered a new patient medical appointment with the health care assistant. A GP or nurse appointment was provided to patients with complex health needs, those taking multiple medications or with long term conditions.

The practice monitored how it performed in relation to health promotion. It used the information from Quality and Outcomes Framework (QOF) and other sources to identify where improvements were needed and to take action. QOF is a system intended to improve the quality of general practice and reward good practice. Quality and Outcomes Framework (QOF) information for the period of April 2013 to March 2014 showed the practice was meeting its targets regarding health promotion and ill health prevention initiatives.

Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services.

Management, monitoring and improving outcomes for people

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up throughout the year to ensure they attended health reviews. Current results were 99.7% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed:

- Performance for diabetes assessment and care was generally similar to or above the national average. For example blood pressure readings for patients with diabetes was 84.15% compared to the national average of 78.53%. The percentage of patients on the diabetes register, with a record of a foot examination within the preceding 12 months was 93.01% compared to the national average of 88.35%.
- Performance for mental health assessment and care was similar to or slightly above the national averages.
- Performance for cervical screening of eligible women (aged 25-64) in the preceding five years was similar to the national average.
- The percentage of patients aged 75 or over with a fragility fracture who are currently treated with an appropriate bone-sparing agent was 86.36% compared to the national average of 83.11%.
- The percentage of patients with hypertension having a blood pressure test in the last 9 months was 86.36% compared to the national average of 83.11%.

We saw that audits of clinical practice were undertaken. Examples of audits included audits of the prescribing of medication such as antibiotics to ensure appropriate practices were being adhered to. We looked at an audit of

Are services effective?

(for example, treatment is effective)

atrial fibrillation which was undertaken to ensure patients' medication was reviewed in the last 12 months and that patients were receiving the treatment they needed. We also saw an audit of the monitoring of methotrexate (methotrexate is used to treat certain types of cancer. It is also used to treat severe psoriasis and rheumatoid arthritis). This identified that blood testing was at 85% rather than 100%. The outcome of the audit was discussed at a clinical meeting and alerts were put on patient records and a second audit indicated that blood testing of patients prescribed methotrexate had improved. This clearly demonstrated an improved outcome for patients. The GPs told us clinical audits were undertaken as a result of medicines management information, safety alerts or clinical interest. GPs told us that they shared the outcome of audits with other GPs at the practice to contribute to continuous learning and improvement of patient outcomes.

The GPs and nurses had key roles in monitoring and improving outcomes for patients. These roles included the management of long term conditions, dermatology, safeguarding and promoting the health care needs of patients with a learning disability and those with poor mental health. The GPs worked closely with the CCG and other professional bodies which ensured the practice was up to date with best practice to meet the needs of patients. For example, one GP was the chair of the local CCG and another was a course director and examiner for GP registrars. The practice manager was the chairperson for practice managers meetings with the Clinical Commissioning Group which meant they kept up to date with new developments and changes. The practice manager had been awarded Practice Manager of the Year for their hard work and commitment.

Staff worked with other health and social care services to meet patients' needs. For example, the practice had multi-disciplinary meetings to discuss the needs of young children, patients with poor mental health, palliative care patients and patients who were at risk of unplanned hospital admissions. Clinical staff spoken with told us that frequent liaison occurred outside these meetings with health and social care professionals in accordance with the needs of patients.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Role specific training was also provided to clinical and non-clinical staff dependent on their roles. Staff had access to and made use of e-learning training modules, in-house training and training provided by external agencies.

All GPs were up to date with their yearly appraisals. There was an annual appraisal system in place for all other members of staff.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them. The healthcare assistant was the carers link and had recently received an award from the West Cheshire Clinical Commissioning Group (CCG) for Carer's Link of the year.

We received 13 comment cards and spoke to seven patients. Patients indicated that their privacy and dignity were promoted and they were overall treated with care and compassion. Two patients made comments that indicated they felt they had not been treated respectfully. A number of comments made showed that patients felt a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns.

Data from the National GP Patient Survey July 2015 (data collected from January-March 2015 and July-September 2014) showed that patients responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were about or above average when compared to local and national averages for example:

- 88% said the GP was good at listening to them compared to the CCG average of 92.1% and national average of 88.6%.
- 88.3% said the GP gave them enough time compared to the CCG average of 90% and national average of 86.6%.

- 95.8% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.9% and national average of 95.2%.
- 86.5% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88.6% and national average of 85.1%.
- 96.1% said the nurse was good at listening to them compared to the CCG average of 92.1% and national average of 91%.
- 95.4% said the nurse gave them enough time compared to the CCG average of 93.3% and national average of 91.9%.
- 98.5% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97.1%.
- 94.5% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91.8% and national average of 90.4%.
- 85.8% patients said they found the receptionists at the practice helpful compared to the CCG average of 86.9% and national average of 86.8%.

Care planning and involvement in decisions about care and treatment

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

Data from the National GP Patient Survey July 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were generally in line with or above local and national averages. For example:

- 92.8% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.8% and national average of 86%.
- 83.9% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85.5% and national average of 81.4%.
- 91.1% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90.3% and national average of 86.9%.

Are services caring?

- 83.6% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85.9% and national average of 84.8%.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice offered a range of enhanced services such as dementia assessments and providing annual health checks for patients with a learning disability. The practice was a member of Cheshire South Cluster with three other GP practices. As part of the cluster the practice contributed to enhancing patient care for their patient population and the patients of the wider cluster. For example, they had developed a role for a GP with a specialist interest in elderly care. The aim of this role being to complement the work of community Geriatricians and prevent hospital admissions where possible.

This year the practice funded research to review polypharmacy (polypharmacy is the use of four or more medications by a patient, generally adults aged over 65 years) to enhance the care of patients who may not attend the practice regularly and to review their medication.

The practice had multi-disciplinary meetings to discuss the needs of young children, palliative care patients, patients with complex needs and patients with poor mental health.

As a result of an audit of patients' needs funding from NHS England had been applied for and obtained for a physiotherapist based on site. The physiotherapist was able to carry out initial assessments rather than these being undertaken by the GPs which resulted in quicker access for patients and better use of GP time.

The practice had a Patient Participation Group that met with practice staff, carried out patient surveys and made suggestions for improvements. We met with representatives from the Patient Participation Group. They told us they felt listened to and that their opinions mattered. They told us that improvements had been made to the practice as a result of their involvement, for example, improvements had been made to the telephone system and the waiting area

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

- The practice was open from 08:00 to 18:30 Monday to Friday allowing early morning and evening appointments to be offered.

- Urgent access appointments were available for children and those with serious medical conditions. Carers were prioritised for appointments.
- There were longer appointments available for patients who needed them, such as patients with a learning disability, poor mental health or who had long term conditions.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- One of the nurses took the lead for working with patients with a learning disability and provided advice and guidance to staff. The practice followed up any missed appointments at hospital or at the practice to ensure this group of patients received the care they needed.
- A Flu Fun Day was held each year. This encouraged patients at risk from influenza to be immunised and also provided social interaction for isolated patients. A cake stall and a raffle were at the event alongside health promotion services such as the falls prevention team who offered a "slipper exchange" and smoking cessation services.
- There were disabled facilities, baby changing and translation services available.
- The practice referred patients to a healthy living centre and also referred patients to exercise centres to support patients with making health improvements.
- Staff spoken with indicated they had received training around equality and diversity.
- The practice had a newsletter to keep patients up to date with any changes and services available.
- The majority of staff had received training in dementia awareness to assist them in identifying patients who may need extra support.

Access to the service

The practice was open from 08:00 to 18:30 Monday to Friday. Appointments could be booked up to two weeks in advance and booked on the day. Telephone consultations were also offered. Patients could book appointments in person, on-line or via the telephone. Repeat prescriptions could be ordered on-line or by attending the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey from July 2015 (data collected from January-March 2015 and July-September 2014) showed that patient's satisfaction with access to care and treatment was comparable to local and national averages. For example:

- 82.2% of patients were satisfied with the practice's opening hours compared to the CCG average of 74.7% and national average of 74.9%.
- 72.4% patients described their experience of making an appointment as good compared to the CCG average of 72.9% and national average of 73.3%.
- 74% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73.3%.

We received 13 comment cards and spoke to seven patients. Patients said they were generally able to get an appointment when one was needed and they were happy with the opening hours. Three said it could be hard to get through to the practice by telephone, especially in the morning and two said that seeing the same GP meant a longer wait for an appointment.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available for patients to refer to in the waiting room, in the patient information booklet and on the practice website. Patients were directed to ask at reception for details of the full complaint procedure that outlined a time framework for when the complaint would be acknowledged and responded to and details of who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a complaints log for written complaints. We reviewed two complaints received within the last 12 months. Records showed they had been investigated, patients informed of the outcome and action had been taken to improve practice where appropriate.

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, patient-centred care and promote good outcomes for patients. The practice had a statement of purpose which outlined its vision and aims and objectives. This could be made available to patients if requested. The aims and objectives of the practice were not publicised on the practice website or in the waiting areas. The staff we spoke with knew and understood the aims and objectives of the practice and their responsibilities in relation to these.

Governance arrangements

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

There was a leadership structure in place and clear lines of accountability. We spoke with clinical and non-clinical members of staff and they were all clear about their own roles and responsibilities. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings or as they occurred with the practice manager, registered manager or a GP partner. Staff told us they felt the practice was well managed.

The practice had a number of policies and procedures in place to govern activity and these were available to staff electronically. We looked at a sample of policies and procedures and found that the policies and procedures required were available and up to date.

The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The practice had completed clinical audits to evaluate the operation of the service and the care and

treatment given. A discussion with the GPs showed improvements had been made to the operation of the service and to patient care as a result of the audits undertaken.

The practice had systems in place for identifying, recording and managing risks. We looked at examples of significant incident reporting and actions taken as a consequence. Staff were able to describe how changes had been made to the practice as a result of reviewing significant events. We identified that improvements were needed to the management of significant events in relation to the safe management of vaccines.

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

The practice encouraged and valued feedback from patients. It had gathered feedback from patients through the Patient Participation Group and through surveys and complaints received. Patients could leave comments and suggestions about the service via the website or via a comments box in the waiting room. The practice also sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014.

The practice had also gathered feedback from staff through staff meetings, appraisals and informal discussion. Staff told us they felt able 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.

Innovation

The practice team was forward thinking and was part of local initiatives to improve outcomes for patients in the area for example the practice had worked with the CCG and other practices to develop a role for a GP with a specialist interest in elderly care. The aim of this role being to complement the work of community Geriatricians and prevent hospital admissions where possible. The practice was also working with other local practices to pilot the provision of some paediatric care in the community rather than at hospital therefore improving patient access. The practice was also piloting a “telehealth” service which enabled patients to monitor their health at home and report their results to an advisor who advised on any action

Are services well-led?

Good 

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

needed if there were changes to their conditions. This service was being piloted with a small group of patients and its aim was to improve access to health services and reduce unnecessary admissions or readmissions to hospital.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment The procedures for the management of vaccines need to be reviewed to ensure vaccines are held securely, safely monitored and any concerns are identified, reported, investigated and appropriate action taken.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Patients were not protected against the risks associated with unsuitable staff because the provider did not ensure that information specified in Schedule 3 was available for all staff employed.