

# Drs Adey and Dancy

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Adey and Dancy on 8 November 2016.

Overall the practice is rated as good.

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

- There were systems in place to reduce risks to patient safety, for example, the practice ensured there were sufficient numbers of staff to meet the needs of patients. Improvements were needed to ensure safety checks at the premises took place, significant events were more effectively managed and to the processes for deciding on the provision of emergency equipment at the branch practices.
- Staff understood their responsibilities to raise concerns and report incidents and near misses. Staff spoken with knew how to identify and report safeguarding concerns.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff told us they felt well supported. Overall, they received an annual appraisal and had access to the training they needed for their roles.
- Patients were positive about the care and treatment they received from the practice. The National Patient Survey July 2016 showed that patients' responses about whether they were treated with respect, compassion and involved in decisions about their care and treatment were comparable to local and national averages.
- Services were planned and delivered to take into account the needs of different patient groups.
- The National GP Patient Survey results showed that patient's satisfaction with access to care and treatment was above or in line with local and national averages.
- Information about how to complain was available. There was a system in place to manage complaints.

# Summary of findings

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

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

- The provider must ensure the premises are safely maintained.
- The provider must ensure that a documented risk assessment is put in place to determine if there is a need to provide emergency equipment at the branch practices.
- The provider must ensure there is an effective system for recording the actions taken and learning points in relation to significant events.

The areas where the provider should make improvements are:

- Put in place a system to record the action taken following receipt of patient safety alerts.
- Action plans with timescales should be developed to address the issues identified in the recent infection control audits of the branch practices.
- Monitor and review the effectiveness of the system recently introduced to monitor two week rule referrals to ensure patients receive the tests they are referred for.

- Monitor and review the effectiveness of the recently introduced protocol around the security of prescriptions.
- Undertake a risk assessment to determine which emergency medications should be available at the main and branch practices.
- A risk assessment of the storage of written patient records should be undertaken to ensure these are securely stored at all times.
- Staff recruitment records should contain evidence of identity and of information having been gathered about any physical or mental conditions which were relevant (after reasonable adjustments) to the role the person was being employed to undertake.
- Maintain a central record of all clinical training undertaken by staff to assist with monitoring their training needs.
- The salaried GP should have an in-house appraisal in addition to the external appraisal process.
- A record should be made of meetings to demonstrate that important information such as actions from audits and significant events has been shared.

**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. Improvements were needed to demonstrate that the premises were safe. A health and safety risk assessment of the two branch practices had not been completed. There was no fire risk assessment for the Kelsall branch practice. The fire risk assessment for the Ashton branch practice had not been reviewed since 2011. There were no systems to alert patients and staff of a fire at the Kelsall branch.

There was no recent emergency lighting assessment to ensure this equipment was satisfactory at the Ashton branch. An up to date electrical wiring certificate and a legionella risk assessment were not available for either the Kelsall or Ashton branch practices. Following our visit we were informed of the action to be taken to address this. Dates for external contractors to undertake these checks and assessments had been arranged. We found that there was no documented risk assessment in place to determine if there was a need to provide emergency equipment at the branch practices. We also found that the system for recording the actions taken and learning points in relation to significant events needed to be improved as records had not been consistently made of this information.

We found that some improvements should be made to the practice to improve safety. We identified that improvements were needed to the management of prescriptions and to monitoring of urgent referrals. Following the inspection we were informed that improvements had been introduced. The practice should monitor these changes to ensure they are effective. We identified that a risk assessment to determine which emergency medications should be available was not in place. The storage of patient records should be reviewed to ensure confidentiality and recruitment records should contain evidence of identity and of information having been gathered about any physical or mental conditions which were relevant (after reasonable adjustments) to the role the person was being employed to undertake. A system was not in place to record the action taken following receipt of patient safety alerts.

There were systems in place to reduce risks to patient safety, for example, the practice ensured there were sufficient numbers of staff to meet the needs of patients.

**Requires improvement**



# Summary of findings

## Are services effective?

The practice is rated as good for providing effective services. Clinical staff referred to guidance from the National Institute for Health and Care Excellence (NICE). Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Outcomes for patients were monitored through QOF (Quality and Outcomes Framework) and audits of clinical practice. All staff apart from the salaried GP had received an annual appraisal. The salaried GP had received an external appraisal. Staff told us they felt well supported and they had received training appropriate to their roles. A central record of all clinical training undertaken by staff should be maintained to assist with monitoring their training needs.

Good



## Are services caring?

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

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Services were planned and delivered to take into account the needs of different patient groups. Access to the service was monitored to ensure it met the needs of patients. The practice had a system in place to suitably manage and respond to complaints made about the service.

Good



## Are services well-led?

The practice is rated as good for providing well-led services. There were systems in place to monitor the operation of the service. There was a clear staffing structure and staff were aware of their own roles and responsibilities. There were clear systems to enable staff to report any issues and concerns. Staff felt supported by management. The practice sought feedback from staff and patients, which it acted on. The practice had a focus on continuous improvement. A record should be made of meetings to demonstrate that important information such as actions from audits and significant events has been shared.

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 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 to specialist help when needed. Multi-disciplinary meetings were held to discuss and plan for the care of frail and elderly patients. The practice was working with neighbourhood practices and the Clinical Commissioning Group (CCG) to provide services to meet the needs of older people. The practice shared a daily ward round at Tarporley War Memorial Hospital with its neighbourhood practices. This provision meant that patients had access to care and treatment in a timely manner and avoided duplication of visits. Weekly visits were made to patients living at two local care homes. The practice prioritised patients who may be at risk of poor health due to frailty. Following a medical event such as an unplanned hospital attendance the medical needs of patients were reviewed to identify what could be put in place to prevent future ill-health or hospital admission. The practice was actively monitoring patients in the last 12 months of life to promote their care and place of death in their last stages of life. An Acute Visiting service was provided with the aim of improving patient access to GP services and reducing emergency admissions to hospital and the use of emergency services.

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 such as screening programmes and vaccination programmes. The practice had a system in place to make sure no patient missed their regular reviews for long term conditions. The clinical staff took the lead for different long term conditions and kept up to date in their specialist areas. The practice had an established Year of Care model for diabetic patients. This model empowers and works in partnership with patients to develop person centred care plans to manage long term conditions. The practice was currently developing management plans for other long term conditions such as chronic obstructive pulmonary disease (COPD). The practice had monthly multi-disciplinary meetings and

Good



# Summary of findings

weekly clinical meetings to discuss the needs of palliative care patients and patients with complex needs. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice provided information to patients to encourage them to manage their long term conditions. Patients were also referred to educational courses to support them to manage their long term conditions.

## Families, children and young people

The practice is rated as good for the care of families, children and young people. Child health surveillance and immunisation clinics were provided. Immunisation rates were relatively high for all standard childhood immunisations. Appointments for young children were prioritised. Minor illness clinics with the nurse practitioner were also provided. Appointments were available outside of school hours. Family planning and sexual health services were provided. The GPs liaised with other health care professionals, such as health visitors to ensure the needs of vulnerable children were addressed. A monthly Starting Well meeting was held which was attended by midwives and health visitors and provided a forum to discuss the needs of younger patients, including safeguarding concerns.

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 were encouraged to sign up for Patient Access so they could order repeat prescriptions, book appointments and view their medical records on-line which provided flexibility to working patients and those in full time education. The practice was open from 8am to 6.30pm Monday to Friday allowing early morning and evening appointments to be offered to working patients. The branch practices were open two mornings a week allowing patients to access these services also. The practice was piloting eConsult which allowed patients to gain self-care advice or complete a form for an on-line consultation with a GP. An extended hour's service for routine appointments and an out of hour's service were commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust. The practice website provided information around self-care and local services available for patients. The practice offered health promotion and screening that reflected the needs of this population group such as cervical screening, smoking cessation advice and family planning services. Reception staff sign-posted patients who do not necessarily need to see a GP. For example to services such as

Good



# Summary of findings

Pharmacy First (local pharmacies providing advice and possibly reducing the need to see a GP) and the Physio First service (this provided physiotherapy appointments for patients without the need to see a GP for a referral).

## People whose circumstances may make them vulnerable

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

Good



## People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients receiving support with their mental health. Patients experiencing poor mental health were offered an annual review. Longer appointments were also offered. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice referred patients to appropriate services such as psychiatry and counselling services. There was a counsellor located at the practice that the clinicians could refer patients to. The practice had information in the waiting areas about services available for patients with poor mental health. For example, services for patients who may experience depression. The staff team had received training in dementia awareness to assist them in identifying patients who may need extra support.

Good





# Summary of findings

## What people who use the service say

Data from the National GP Patient Survey July 2016 (data collected from July-September 2015 and January-March 2016) showed that the practice was performing above or in-line with local and national averages. The practice distributed 217 forms, 137 were returned which represents approximately 2.4% of the total practice population. The results showed:-

- 91% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 80%.
- 99% of patients found it easy to get through to this practice by phone compared to the CCG average of 71% and national average of 73%.
- 75% of patients with a preferred GP usually get to see or speak to that GP compared to the CCG average of 58% and national average of 59%.
- 93% described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.

- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.
- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and national average of 78%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were all positive about the standard of care received. We spoke with six patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy. Feedback from patients indicated that overall they were able to get an appointment when one was needed, they could get through to the practice easily by telephone and that they were happy with opening hours.

The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results from August to October 2016 showed that 36 responses had been received and 34 were either extremely likely or likely to recommend the practice to family or friends.

## Areas for improvement

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

- The provider must ensure the premises are safely maintained.
- The provider must ensure that a documented risk assessment is put in place to determine if there is a need to provide emergency equipment at the branch practices.
- The provider must ensure there is an effective system for recording the actions taken and learning points in relation to significant events.

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

- Put in place a system to record the action taken following receipt of patient safety alerts.
- Action plans with timescales should be developed to address the issues identified in the recent infection control audits of the branch practices.
- Monitor and review the effectiveness of the system recently introduced to monitor two week rule referrals to ensure patients receive the tests they are referred for.

# Summary of findings

- Monitor and review the effectiveness of the recently introduced protocol around the security of prescriptions.
- Undertake a risk assessment to determine which emergency medications should be available at the main and branch practices.
- A risk assessment of the storage of written patient records should be undertaken to ensure these are securely stored at all times.
- Staff recruitment records should contain evidence of identity and of information having been gathered about any physical or mental conditions which were relevant (after reasonable adjustments) to the role the person was being employed to undertake.
- Maintain a central record of all clinical training undertaken by staff to assist with monitoring their training needs.
- The salaried GP should have an in-house appraisal in addition to the external appraisal process.
- A record should be made of meetings to demonstrate that important information such as actions from audits and significant events has been shared.

# Drs Adey and Dancy

## 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 Adey and Dancy

Drs Adey and Dancy is responsible for providing primary care services to approximately 5686 patients. The practice is situated in Park Road, Tarporley in West Cheshire. There are two branch practices based in the nearby villages of Kelsall and Ashton. The practice is based in an area with lower levels of economic deprivation when compared to other practices nationally. The practice has a predominantly rural community. The practice has a slightly higher than average number of patients with a long standing health condition and of older patients when compared to other practices locally and nationally.

The staff team includes two GP partners, one salaried GP and one locum GP covering maternity leave. An advanced nurse practitioner, two practice nurses, a travel health and vaccine specialist nurse, a health care assistant, a practice manager and administration and reception staff. Two GPs are female and two are male. The nursing staff and health care assistant are female. The practice provides training to GP registrars and had one GP registrar at the time of the inspection.

The main practice is open 8am to 6.30pm Monday to Friday. The branch practice at Kelsall is open on Monday from 8.30am to 11.30am and Friday 9am to 12pm. The branch practice at Ashton is open Tuesday from 9am to

11am and Wednesday 9am to 11.30am. An extended hour's service for routine appointments and an out of hour's service are commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust. Patient facilities are on the ground floor. The practice has limited on-site parking.

Drs Adey and Dancy has a Personal Medical Services (PMS) contract. The practice offers a range of enhanced services including, minor surgery, timely diagnosis of dementia, learning disability health checks and influenza and shingles immunisations.

We identified that the practice is carrying out minor surgery at a location where it is not registered to do so. We were therefore unable to inspect the premises at which this regulated activity takes place. We advised the registered manager to address this without delay to ensure that the registration is legally correct.

## 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:

# Detailed findings

- 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
- 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 8 November 2016. We sought views from patients face-to-face and reviewed CQC comment cards completed by patients. We spoke to clinical and non-clinical staff. We observed how staff handled patient information and spoke to patients. We explored how the GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

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 the time of inspection.

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and investigating significant events. All staff spoken with knew how to identify and report a significant event. The practice carried out an analysis of significant events and this also formed part of the GPs' individual revalidation process. Staff told us that the practice held staff meetings at which significant events were discussed in order to cascade any learning points. Significant events relating to external services such as hospitals were sent to the Clinical Commissioning Group (CCG) for investigation.

We found that improvements were needed to the recording of significant events. There was no system for recording meetings where significant events had been discussed to demonstrate the action taken and that the learning from the event had been shared. We looked at a sample of significant events and found that the actions taken in relation to some had been clearly recorded however this was not consistent. We found that the learning points and action taken had not been recorded for all the significant events we reviewed.

We discussed the management of patient safety alerts with the clinical staff and the practice manager. It was reported that there was a system in place for the management of patient safety alerts and we were given examples of the action taken however a record was not made of this.

### Overview of safety systems and processes

- Staff spoken with knew who to report any safeguarding concerns about children and vulnerable adults to and they knew who had the lead responsibility for this at the practice. The practice had child safeguarding policies and procedures for staff to refer to. Contact numbers of safeguarding agencies were recorded in the procedures and were displayed for children but not for adults. This was addressed following the inspection. The staff spoken with demonstrated they understood their responsibilities in relation to safeguarding. The training records showed that all staff had completed training in safeguarding vulnerable adults and safeguarding children appropriate for their role apart from a student nurse. It was confirmed following the inspection that this training had been completed. The clinical staff had recently attended training in domestic abuse to assist

them in promoting the welfare of patients. The practice had systems in place to monitor and respond to requests for attendance/reports at safeguarding meetings. Designated staff liaised with the school health team, midwives and health visiting service to discuss any concerns about children and their families and how they could be best supported. Monthly meetings were held to assist with good communication. Alerts were placed on patient records to identify if there were any safety concerns.

- Patients were informed that a chaperone was available if required. The nursing staff and health care assistant mainly acted as chaperones with some occasional assistance from trained reception staff if needed. A Disclosure and Barring Service (DBS) check had been undertaken for the all staff who acted as chaperones. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. One new administrative member of staff had received chaperone training but had not received a DBS check. Following the inspection we were informed that it had been decided that only clinical staff would undertake this role and we were provided with the revised chaperone policy that had been updated to reflect this.
- We observed the premises to be clean and tidy. The advanced nurse practitioner was the infection control clinical lead and they told us they had completed appropriate training and liaised with the local infection prevention teams to keep up to date with best practice. Clinical and non-clinical staff had received training in infection control. Infection control audits were undertaken at the main practice with the last one completed in September 2016. A discussion with the infection control lead demonstrated that action had been taken to make improvements to the premises to promote good infection control. Infection control audits had not been completed at the two branch practices. Following the inspection we were provided with evidence that these audits had been carried out. The audits demonstrated areas where improvements were needed and clear action plans should be put in place to identify how they will be addressed and the timescale.
- We reviewed the personnel files of three staff who had been recruited within the last 12 months. Records

## Are services safe?

showed that although most of the required recruitment information was in place. There was no evidence of information having been gathered about any physical or mental conditions which were relevant (after reasonable adjustments) to the role the person was being employed to undertake. A revised recruitment procedure and a template for recording information relating to physical and mental health was made available following the inspection. A system was in place to carry out periodic checks of the Performers List, GMC and NMC to ensure the continued suitability of clinical staff. We checked the records of a locum GP and found that no identification information was retained on their records. The practice manager advised that this had been seen and documented in order to carry out a DBS and other checks.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice overall kept patients safe. Records of checks of emergency medication were maintained by the nursing staff. Vaccines were securely stored, were in date and we saw the refrigerators were checked daily to ensure the temperature was within the required range for the safe storage of vaccines. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. However, the directions to accompany the prescriber's authorisation to administer vitamin B12 and influenza vaccines were not signed. We were provided with evidence that this had been addressed following the inspection.
- 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. We found that improvements were needed to the recording of receipt and allocation of prescriptions and to the security of their storage. Following the inspection a revised protocol was provided to us that demonstrated how this had been addressed. We also found that the system of the medicines manager initiating prescriptions following a patients discharge from hospital needed to be reviewed. The medicines manager presented these

initiated prescriptions to GPs for their approval however this system could potentially lead to errors. Following the inspection we were provided with a revised protocol that indicated a GP would initiate these prescriptions.

### Monitoring risks to patients

- There was a health and safety policy available with a poster displayed for staff to refer to. A health and safety risk assessment of the main premises had been completed. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Independent contractors checked fire safety equipment at the main premises to ensure it was in satisfactory working order. A fire risk assessment, evidence of an up to date satisfactory electrical wiring certificate and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings) risk assessment were in place for the main practice.

Improvements were needed at the branch practices to ensure the premises were safe. Health and safety risk assessment of the two branch practices had not been completed. There was no fire risk assessment for the Kelsall branch practice. The fire risk assessment for the Ashton branch practice had not been reviewed since 2011. There were no systems to alert patients and staff of a fire at the Kelsall branch and no evidence of a recent emergency lighting assessment to ensure this equipment was satisfactory at the Ashton branch. An up to date electrical wiring certificate and a legionella risk assessment were not available for either of the branches. Following the inspection the practice manager informed us that the practice was taking action to address these issues. Dates for external contractors to undertake these checks and assessments had been arranged.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- Some written patient records were kept on open shelving in the reception area. A risk assessment should be undertaken to determine how these documents can be made more secure.

## Are services safe?

- Information was given to patients who were referred to hospital under the two week appointment system explaining the reason and the process. The two week appointment system was introduced so that any patient with symptoms that might indicate cancer, or a serious condition such as cancer, could be seen by a specialist as quickly as possible. Confirmation was received at the practice to acknowledge receipt of the referral. We noted however that this referral system could be made more robust by monitoring whether patients had been provided with an appointment. Following the inspection a revised protocol was put in place to address this.

### **Arrangements to deal with emergencies and major incidents**

The training records showed all staff had completed up to date basic life support training. The main practice had a defibrillator and oxygen available on the premises which was checked to ensure it was safe for use. There was no emergency equipment held at the branch practices or a risk assessment to indicate the reasoning for this. There were emergency medicines available at the main practice and branch practices which were in date and regularly checked. A risk assessment was not in place to determine which emergency medication was needed.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. All relevant staff had access to this plan to ensure a timely response in the event of an emergency.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. Clinical staff attended training and educational events provided by the Clinical Commissioning Group (CCG). Clinical meetings were held where clinical staff could discuss new protocols and review any patients with complex needs. However, minutes were not made of meetings which would assist with sharing of information. GPs we spoke with confirmed they used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital to ensure an appointment was provided within two weeks. Reviews took place of prescribing practices to ensure that patients were provided with the most appropriate medications.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. Current results (data from 2015-2016) showed the practice had achieved 99% of the total number of points available which was comparable to local (98%) and national (95%) averages. The practice had a 12% exception reporting rate in the clinical domain (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects) compared to the CCG (8%) and national (10%) averages. Data from 2015-2016 showed that outcomes were comparable to other practices locally and nationally:

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 88% compared to the CCG average of 84% and the national average of 83%.

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 80% compared to the CCG average of 75% and the national average of 76%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 80% compared to the CCG average of 83% and the national average of 80%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 90% compared to the CCG average of 90% and the national average of 88%.

The practice carried out audits to monitor the quality of service provided. We saw examples of audits carried out in the last 2 years that included an audit of calcium and vitamin D therapy and of antibiotic prescribing. An independent GP had undertaken a review of patients with atrial fibrillation which had resulted in medication changes. We noted that there was no plan in place for future audits to be carried out. Following our visit the registered manager confirmed that work had started on two further audits, relating to prescribing for dental infections and milk formula prescribing.

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

### Effective staffing

- The practice had an induction programme for new staff. This covered practice policies and procedures, safe working practices and role specific information. A staff handbook was also provided to new staff which contained policies and procedures about working at the practice. Locum GPs were provided with information they needed for their role and a locum pack was being developed to support this.
- An appraisal system was in place to ensure staff had an annual appraisal. We noted that the salaried GP did not have an in-house appraisal. Staff told us they felt well



# Are services effective?

## (for example, treatment is effective)

supported and had access to appropriate training to meet their learning needs and to cover the scope of their work. Doctors had appraisals, mentoring and facilitation and support for their revalidation.

- All staff received training that included: safeguarding, fire procedures, basic life support, infection control, health and safety and information governance awareness. A record was made of this training and there was a system in place to ensure it was updated as necessary. Staff had access to and made use of e-learning training modules, in-house training and training provided by external agencies.
- Clinical and non-clinical staff told us they were provided with specific training dependent on their roles. Clinical staff told us they had received training to update their skills such as cytology, immunisations and minor surgery and that they attended training events provided by the Clinical Commissioning Group to keep up to date. Records of this training were held individually. The practice manager reported that they would ensure a central record was maintained that would assist with planning for the training needs of staff.

### Coordinating patient care

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

### Consent to care and treatment

We spoke with clinical staff about patients' consent to care and treatment. We found that when providing care and treatment for children and young people, assessments of capacity to consent were carried out in line with relevant guidance. Clinical staff spoken with confirmed they had

received guidance and training about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The practice provided written information for patients about the benefits and possible consequences of having minor surgery and other invasive procedures such as fitting IUDs (intrauterine devices). However, written consent was not obtained from patients. Following the inspection we were provided with a template for recording this information.

### Supporting patients to live healthier lives

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

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

Childhood immunisation rates for the vaccinations given were comparable to CCG and in some instances above national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% compared to the CCG rates which ranged from 93% to 98% and the national rates which ranged from 73% to 95%. There was a system to ensure that any missed immunisations were followed up with parents or the health visitor.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were all positive about the standard of care received. Patients told us they felt listened to and that staff were kind and caring. We spoke with six patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy.

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

- 95% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 86% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 90% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 94% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.

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

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

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

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 85% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 85% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

The practice reviewed the outcome of any surveys undertaken and also discussed the results with the Patient Participation Group (PPG) to ensure that standards were being maintained and action could be taken to address any shortfalls.

The practice provided facilities to help patients be involved in decisions about their care. Translation services were available if needed. There was also a hearing loop.

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

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

The practice had a carer's link. Written information was available to direct carers to the various avenues of support available to them. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified

## Are services caring?

147 patients as carers (approximately 3% of the practice list). As a result the Carers Trust had provided these carers with information about support groups and referred them on to support services. The practice was working to identify more carers to ensure they had access to the support services available.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice offered a range of enhanced services including, minor surgery, timely diagnosis of dementia, learning disability health checks and influenza and shingles immunisations. The practice was part of a rural network of practices and met monthly with the CCG to discuss commissioning issues relevant to their patient populations. The practice was working with neighbourhood practices and the CCG to provide services to meet the needs of their practice populations. For example, the practices shared a daily ward round at Tarporley War Memorial Hospital. This provision meant that patients had access to care and treatment in a timely manner and avoided duplication of visits.

The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs. The practice also had monthly meetings with the health visiting and midwifery service.

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

- Urgent access appointments were available for children and for any patients with medical needs that required a same day consultation.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- Minor illness clinics with the nurse practitioner were provided.
- The practice prioritised patients who may be at risk of poor health due to frailty. Following a medical event such as unplanned hospital attendance the medical needs of these patients were reviewed to identify what could be put in place to prevent future ill-health or hospital admission.
- An acute visiting service was provided with the aim of improving patient access to GP services and reducing emergency admissions to hospital and use of emergency services.

- The practice was actively monitoring patients in the last 12 months of life to promote their care and place of death in their last stages of life.
- The practice ran Saturday clinics to ensure all eligible patients received vaccination for influenza.
- An in-house phlebotomy service was provided so that patients could receive this service locally.
- The practice, neighbourhood practices and the Patient Participation Group (PPG) had run an information sharing event for patients to which local charitable services were invited to raise their profile. This had a focus on reducing social isolation and improving access to community transport.
- Nurses from the service supported an iVan (information service) based in the local community to help raise awareness of cancer and general health issues.
- There were longer appointments available for patients who needed them, for example, for patients with a learning disability or with poor mental health.
- Reception staff sign posted patients to local resources such as Pharmacy First (local pharmacies providing advice and possibly reducing the need to see a GP) and the Physio First service (this provided physiotherapy appointments for patients without the need to see a GP for a referral).
- A travel clinic was available with a specialist nurse.
- There was a counsellor located at the practice that the clinicians could refer patients to.
- A number of staff had received training in dementia awareness to assist them in identifying patients who may need extra support.
- The practice produced a newsletter for patients informing them about any changes at the practice, new developments and services offered.

### Access to the service

The practice offered pre-bookable appointments, book on the day appointments and telephone consultations. Patients were encouraged to sign up for on-line access so they could order repeat prescriptions, book appointments and view their medical records on-line. The practice was open from 8am to 6.30pm Monday to Friday allowing early morning and evening appointments to be offered to

# Are services responsive to people's needs?

(for example, to feedback?)

working patients. The branch practices were open two mornings a week allowing patients to access these services also. The practice was piloting eConsult which allowed patients to gain self-care advice or complete a form for an on-line consultation with a GP.

An extended hour's service for routine appointments and an out of hour's service were commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust.

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

- 91% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 80%.
- 99% of patients found it easy to get through to the practice by phone compared to the CCG average of 71% and national average of 73%.
- 75% of patients with a preferred GP usually get to see or speak to that GP compared to the CCG average of 58% and national average of 59%.
- 93% described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.

- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.

We asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards. We also spoke with six patients. Overall patients told us they were happy with access to the practice and said they were able to get through to the practice by telephone, could make an appointment that was convenient to them and that they were happy with opening hours.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

## Listening and learning from concerns and complaints

There was a written complaints procedure for patients to refer to which was available at the practice. Details of how to complain were in the patient information leaflet and on the practice website. The information available provided details of the timescale for acknowledging and responding to the complaint and of who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a record of complaints. We reviewed a sample of complaints received within the last 12 months. Records showed they had been investigated and patients informed of the outcome. The records showed openness and transparency in dealing with complaints.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a statement of purpose which outlined its aims and objectives. These were to provide the best possible healthcare to patients in a person centred service, ensure staff have the training required for their roles and provide the necessary information to patients to enable them to take responsibility for their health requirements. The aims and objectives of the practice were not publicised on the practice website or in the waiting areas. However, the patients we spoke with and comments received indicated that these aims were being achieved in that they were receiving good care and treatment and they were happy with access to the service.

### Governance arrangements

There were systems in place to monitor the operation of the service. The practice had completed quality monitoring audits to evaluate the operation of the service and the care and treatment given and were working on further audits. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance.

There was a clear staffing structure and staff were aware of their own roles and responsibilities. There were clear systems to enable staff to report any issues and concerns.

The practice had a number of policies and procedures in place to govern activity and these were available to staff electronically. A staff handbook was provided to all staff which contained employment policies and procedures such as whistleblowing, equal opportunities, bullying and harassment and disciplinary procedures.

### Leadership and culture

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. Staff said they felt respected, valued and supported.

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

and keep up to date with any changes. The practice manager and partner GPs met to look at the overall operation of the service and future development. A record was not consistently made of meetings to enable the information to be easily shared with staff unable to attend and to demonstrate that important information such as the outcome of significant events was shared.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met at least three times a year with members of the practice to discuss the operation of the service and any new developments. The PPG submitted proposals for improvements to the practice management team. For example, the PPG had recommended that changes be made to the information available to patients about the services provided. They had also recommended that privacy be improved at the reception desk and changes made to the seating in the waiting area. We spoke to members of the PPG who said they felt they were listened to and changes had been made to the practice as a consequence. They said they were kept informed about any changes at the practice and worked with the practice to find solutions to issues raised by patients.
- The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014.
- The practice gathered feedback from staff through staff meetings and informal discussion. Staff told us they would give feedback and discuss any concerns or issues with colleagues and management.

### Continuous improvement

There was a focus on continuous improvement within the practice. The practice worked with the local CCG to improve outcomes for patients in the area. The practice was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. For example,

# Are services well-led?

Good 

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

the practices shared a daily ward round at Tarporley War Memorial Hospital. This provision meant that patients had access to care and treatment in a timely manner and avoided duplication of visits. The practice was part of a rural network of practices and met monthly with the CCG to discuss commissioning issues relevant to their patient populations. The practice was a D-dimer hub (D dimer tests are used to check for blood clotting problems) practice which meant that patients from the practice and neighbouring practices were provided with this service

locally. An Acute Visiting service was provided with the aim of improving patient access to GP services and reducing emergency admissions to hospital and use of emergency services.

The practice monitored its service provision and used innovative methods to promote good patient access. For example, the practice was piloting eConsult a platform that enabled patients to self-manage and consult online with their own GP through their practice website. The practice was aware of the challenges it faced and had plans in place to further improve service provision.



## 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 15 HSCA (RA) Regulations 2014 Premises and equipment <ul style="list-style-type: none"><li>• Health and safety risk assessments of the two branch practices had not been completed.</li><li>• There was no fire risk assessment for the Kelsall branch practice.</li><li>• The fire risk assessment for the Ashton branch practice had not been reviewed since 2011.</li><li>• There were no systems to alert patients and staff of a fire at the Kelsall branch.</li><li>• There was no recent emergency lighting assessment to ensure this equipment was satisfactory at the Ashton branch.</li><li>• An up to date electrical wiring certificate and a legionella risk assessment were not available for either the Kelsall or Ashton branch practices.</li></ul>
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 <ul style="list-style-type: none"><li>• A risk assessment was not in place to determine if there is a need to provide emergency equipment at the branch practices.</li><li>• There was not an effective system for recording the actions taken and learning points in relation to significant events and patient safety alerts.</li></ul>