

Drs King, Hill and Entwistle

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



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 King, Hill and Entwistle on 7 June 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Some patients expressed concern about the curt manner of the GPs.
- Information about services and how to complain was not readily available. Patients we spoke with did not know how to complain. There was no effective system for recording and managing complaints. Verbal complaints were not recorded.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure, although some staff did not feel supported by the partners and there was a lack of overarching governance. Concerns about workloads expressed by nursing staff had not been addressed.
- Non-clinical staff said they felt detached from the GP partners and there was no practice vision for staff to aspire to.
- The practice did not proactively seek feedback from staff and the patient participation group thought they could be more actively involved in the practice.

Summary of findings

- There was a lack of understanding of the Mental Capacity Act amongst some staff and some clinical staff had not received training in this area. Training was not well planned and some staff required refresher training in some subject areas.

The areas where the provider must make improvements are.

- Implement an effective system and process for obtaining, recording and retaining recruitment information.
- Introduce a system for effective recording, management and review of complaints.
- Listen and support staff regarding concerns about welfare and workloads.
- Establish and embed a practice vision and ethos of continuous improvement.
- Provide up to date mandatory training to all staff, for example fire safety and equality and diversity and Mental Capacity Act 2005. Introduce a system for ensuring that all training is appropriate and current.

The areas where the provider should make improvements are.

- Review the approach to the recording and management of safety alerts.
- Review and improve systems for checking emergency medications.
- Review and improve security in the building so that patients cannot access non-public areas.
- Improve systems for checking medical equipment is tested within manufacturer guidelines and ensure redundant/broken equipment is removed from treatment rooms.
- Improve prescription form security.
- Improve audit regime to improve outcomes for patients.
- Ensure fire safety systems and procedures are up to date.

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. The practice took the opportunity to learn from internal incidents and safety alerts, to support improvement. There were systems, processes and practices in place that were essential to keep patients safe including medicines management and safeguarding. Fire safety systems and fire safety training required updating. Recruitment files did not contain all the required information.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Clinical audits lacked strategy and did not always demonstrate quality improvement. Staff worked with other health care teams, however meetings were limited. Staff received some training suitable for their role. However some staff had not received training required for their role, for example MCA and equality and diversity

Requires improvement



Are services caring?

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect. Some patients expressed concern over the manner of GPs.

Good



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. Information about how to complain was not available unless requested. Learning from complaints was not shared with staff and no effective system to manage complaints or learning taken from them. Verbal complaints were not recorded. Patients found it easy to obtain an appointment with their GP and liked the continuity of care that provided. Extended hours were not offered. The practice did not always respond to concerns expressed by staff.

Requires improvement



Are services well-led?

The practice is rated as requires improvement for being well-led. There was a leadership structure, although some staff were not aware of this and some staff did not feel supported by the GPs. The practice had a number of policies and procedures to govern activity,

Requires improvement



Summary of findings

many of these required review and updating. The practice failed to provide evidence that they were committed to improve quality. The practice sought feedback from patients and had a patient participation group. Staff had received inductions and attended staff meetings and events. All staff received regular appraisals and were encouraged in their career progression. Some staff felt their concerns were not always listened to.

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 requires improvement for providing services for older people. The practice is rated as requires improvement for providing safe, effective, responsive and well- led services. Concerns which led to these ratings apply to everyone using the practice, including this population group. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits and care home visits. The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for the over 75s.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for providing services for people with long-term conditions. The practice is rated as requires improvement for providing safe, effective, responsive and well- led services. Concerns which led to these ratings apply to everyone using the practice, including this population group. The practice had registers in place for several long term conditions including diabetes and asthma. Longer appointments and home visits were available when needed. All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for providing services for families children and young people. The practice is rated as requires improvement for providing safe, effective, responsive and well- led services. Concerns which led to these ratings apply to everyone using the practice, including this population group. The practice regularly liaised with health visitors to review vulnerable children and new mothers. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

Requires improvement



The practice is rated as requires improvement for providing services for working age people. The practice is rated as requires improvement for providing safe, effective, responsive and well- led services. Concerns which led to these ratings apply to everyone using the practice, including this population group. The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. The practice did not offer extended hours appointments There were online systems available to allow patients to make appointments.

People whose circumstances may make them vulnerable

Requires improvement



The practice is rated as requires improvement for providing safe, services for people whose circumstances make them vulnerable. The practice is rated as requires improvement for providing effective, responsive and well- led services.

Concerns which led to these ratings apply to everyone using the practice, including this population group. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability.

People experiencing poor mental health (including people with dementia)

Requires improvement



The practice is rated as requires improvement for providing services for people experiencing poor mental health. The practice is rated as requires improvement for providing safe, effective, responsive and well- led services. Concerns which led to these ratings apply to everyone using the practice, including this population group. Patients experiencing poor mental health received an invitation for an annual physical health check. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 (from 138 responses which is approximately equivalent to 2% of the patient list) showed the practice was performing above local and national averages in certain aspects of service delivery. For example,

- 75% of respondents were satisfied with the surgery's opening hours (CCG average 72%, national average 75%).
- 98% had confidence and trust in the last nurse they saw or spoke to (CCG average 97%, national average 97%).

However, some results showed below average performance, for example,

- 80% patients said that the last GP they saw was good at treating them with care and concern (CCG average 87%, national average 85%).
- 83% of patients said that the last GP they saw was good at explaining tests and treatments (CCG average 88%, national average 86%).

In terms of overall experience, results were comparable with local and national averages. For example,

- 92% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 90% of respondents describe their overall experience of this surgery as good (CCG average 85%, national average 85%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards, 40 of which were very complimentary about the service provided. Patients said they received an excellent, caring service and patients who were more vulnerable were supported in their treatment. There were six comments relating to the poor attitude of GPs and reception staff.

We reviewed information from the NHS Friends and Family Test which is a survey that asks patients how likely they are to recommend the practice. Results from January to March 2016 showed that no patients expressed a view. We spoke to the practice about this and were told that they had recognised that patients were not completing the forms and were working to improve this.

Areas for improvement

Action the service **MUST** take to improve

- Implement an effective system and process for obtaining, recording and retaining recruitment information.
- Introduce a system for effective recording, management and review of complaints.
- Listen and support staff regarding concerns about welfare and workloads.
- Establish and embed a practice vision and ethos of continuous improvement.
- Provide up to date mandatory training to all staff, for example fire safety and equality and diversity and Mental Capacity Act 2005. Introduce a system for ensuring that all training is appropriate and current.

Action the service **SHOULD** take to improve

- Review the approach to the recording and management of safety alerts.
- Review and improve systems for checking emergency medications.
- Review and improve security in the building so that patients cannot access non-public areas.
- Improve systems for checking medical equipment is tested within manufacturer guidelines and ensure redundant/broken equipment is removed from treatment rooms.
- Improve prescription form security.
- Improve audit regime to improve outcomes for patients.

Summary of findings

- Ensure fire safety systems and procedures are up to date.

Drs King, Hill and Entwistle

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.

Background to Drs King, Hill and Entwistle

Drs King, Hill and Entwistle is based in the semi-rural village of Haslington in Cheshire; it is a less deprived area when compared with the rest of Cheshire. There were 6724 patients on the practice register at the time of our inspection. The practice has a higher than average number of older patients (60 to 85+ years) and lower than average number of younger patients (birth to 40 years).

The practice is managed by three partners (all male). Employed are a salaried GP (female), a practice manager, three nurses, reception and administration staff.

The practice is open 8am to 6.30pm on weekdays, no extended hours are offered.

Patients requiring GP services outside of normal working hours are referred on to the local out of hour's provider N.E.W. operated by the East Cheshire Trust.

The practice has a General Medical Services (GMS) contract and has enhanced services contracts which include childhood vaccinations.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

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

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people

Detailed findings

- 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)

The inspector :-

- Reviewed information available to us from other organisations e.g. the local clinical commissioning group (CCG).
- Reviewed information from CQC intelligent monitoring systems.

- Carried out an announced inspection visit on 7 June 2016.
- Spoke to three GPs, two nurses, the practice manager, two receptionists, four patients and two representatives of the patient participation group.
- Reviewed patient survey information and CQC comment cards.
- Reviewed the practice's policies and procedures.

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events and incidents. Staff told us they would inform the practice manager of any incidents and there was a recording form available in the practice manager's office. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice manager had a good knowledge of the practice's responsibilities under the duty of candour; however the GPs were less aware of the legislation relating to this.

The practice carried out a thorough analysis of the significant events. Significant events were discussed and reviewed regular times and any learning and trends were identified and acted upon. We saw one example relating to a blood pressure machine which demonstrated the practice had investigated the event, put measures in place to prevent a re-occurrence and checked the measures were effective.

We asked the practice manager about the system for dealing with safety alerts which the practice receive. We were told that alerts were received in email form by the practice manager and then forwarded to whichever member of staff they thought was appropriate for them to deal with. There was no system in place to record and monitor these alerts and ensure they were dealt with appropriately. We spoke to the practice manager about this and they told us that a system for recording and monitoring these alerts would be introduced as soon as possible.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding vulnerable adults and children. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs

were trained to child protection or child safeguarding level 3. Home visits were prioritised by the GPs based on the risk that was presented; no documented policy was in place in relation to this.

- A notice in the waiting room and in all treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the nurses was the infection control clinical lead who undertook an annual infection control audit. There was an infection control protocol in place and some staff had received training. The practice manager told us that staff training on infection control was overdue and was one of the tasks they were currently addressing. There were spillage kits and appropriate clinical waste disposal arrangements in place. We noted that an aneroid sphygmomanometer (a device for measuring blood pressure) with a broken screen was available for use in one of the consulting rooms. We were told that this was no longer in use and that it would be removed immediately. We found two pieces of equipment that had not been subject to an annual test (an inspection light and a sphygmomanometer) we were told the latter was new. There was no overall inventory kept of all equipment, meaning it was difficult for the practice to keep an overview of equipment testing and replacement. We noted that patients were able to access non-public areas as there was no physical barrier (locked doors) to prevent them from doing so. This meant it was possible for patients to access unlocked store rooms containing medical equipment and access office and reception areas. The practice manager told us that this would be reviewed as a matter of urgency.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice

Are services safe?

guidelines for safe prescribing. We noted that several hand written prescriptions were unaccounted for from one pad of prescriptions secured in the safe. We were told that one of the GPs must have taken them without completing the necessary documentation to audit their whereabouts. We were told that in future GPs would not be allowed direct access to these prescriptions. Blank prescription forms used for printers were securely stored and there were systems in place to monitor their use.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. One of the GPs we spoke to was unaware of the meaning of this term.
- We reviewed four personnel files and found many of the recruitment checks had not been undertaken or recorded prior to employment. For example, files lacked proof of identification, employment references, and medical declarations as to the employee's fitness to work. Some recruitment files did not contain records of interviews and those that did lacked detail. The practice manager told us that this would be addressed with any future recruitment and that some recruitment had taken place before they were in post.
- Nurses we spoke to told us that they felt under resourced and that there was no contingency for staff sickness. One nurse we spoke to told us that some areas of work did not take place if they were off work. For example, use of the Doppler machine (a device to measure blood flow) and respiratory assessment did not take place whilst one nurse was on long term sick leave. We were told that this had been brought to the attention of the managers but no action had taken place.

Monitoring risks to patients

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. Staff were aware of what to do in the event of fire and had received fire safety training as part of their induction refresher training was needed.

- All electrical equipment was checked to ensure the equipment was safe to use and apart from one device found in a drawer, clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. A planner was displayed for staff to book leave according to staffing levels.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available in one of the treatment rooms.
- The practice had a defibrillator available on the premises and oxygen with adult masks and children's masks. There was an accident book and first aid kits available.
- The practice had a disaster recovery plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Fire training for staff was not up to date and there was no fire Marshall available on the day of our inspection. The practice had recently had a fire inspection and as a result plans were in place to update the fire alarm system which was outdated. Fire drills had taken place recently including a full evacuation. The practice manager told us that refresher fire safety training was planned and that a trained and fully equipped fire Marshall would always be available in future.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

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

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 and held regular meetings to discuss performance. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had systems in place to ensure they met targets and the most recent published results were 93% of the total number of points available (CCG average 96.7% and national average 94.8%).

We were shown three audits completed by the practice, one related to Cellulitis in Lymphoedema, another around cancer and one around antibiotics. Two of these audits did not evidence two complete cycles of audit and were purely data collection. There was no evidence of a strategy around audit or any audits which involved non clinical issues which could involve non clinical staff.

Effective staffing

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

- The practice did not have an induction programme for all newly appointed staff.
- The learning needs of staff were identified through a system of appraisals. Staff had access to appropriate

training to meet their learning needs and to cover the scope of their work. Staff we spoke with told us that there were no formal supervision meetings between annual appraisals and nurses confirmed that there was no formal clinical supervision taking place.

- Training included: safeguarding, basic life support and information governance awareness. Staff had recently been given access to e-learning training modules but this had not yet been embraced by staff. Protected learning time was provided on a monthly basis for all practice staff, we saw the last session was used to provide basic life support training and a review of significant events.
- GPs each had lead for certain areas, for example, safeguarding and medicines management. We saw no evidence to any overall strategy to practice governance.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis for example palliative care meetings. Two care homes were located on the opposite side of the road to the practice and GPs maintained close links with these homes.

Consent to care and treatment

Patients' consent to care and treatment was generally sought in line with legislation and guidance. Some staff did not understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Not all GPs were aware of the guidance regarding the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS). One GP and one

Are services effective?

(for example, treatment is effective)

nurse told us they had not received any training on this legislation. Staff were aware of the relevant guidance when providing care and treatment for children and young people. We spoke with the practice manager about this and they told us that this training would be included in a total review of the practice's training needs and ongoing refresher training.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. There were a variety of services which available to patients, including citizen's advice, drug counsellors and smoking cessation advisors that patients could be referred to.

The practice nurses were responsible for child vaccinations and holiday and flu immunisations. PPG members told us they would like to be more involved in assisting at flu clinics, helping the patients and assisting staff with administrative tasks. The practice manager told us that this would be embraced.

The practice encouraged patients to attend screening appointments. The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 81.9% compared to a CCG and national average of 82%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

Results from the national GP patient survey published in January 2016 (from 138 responses which is approximately equivalent to 2% of the patient list) showed patients felt they were treated with compassion, dignity and respect. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 88% said the GP gave them enough time (CCG average 88%, national average 87%).
- 80% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 99% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 86% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 96% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%)
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 82%)

Patient and carer support to cope emotionally with care and treatment

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. We saw that 10 carers from a patient list of 6724 were identified on this system from the patient list and the practice manager told us they were working to try and increase the number of identified carers as they were aware there were many more than the ones identified. This was being done opportunistically by the GPs. Information was available in the waiting room to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, then all staff at the practice were made aware. We were told that GPS did not routinely contact bereaved family members, however they thought this was a good idea which they intended to adopt.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for people with a learning disability or where it was envisaged longer would be needed.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions. At 1pm we noted the next urgent appointment available was 5.50pm that day. The next available routine appointment was eight days later.
- There was hearing loop available for patients who required one. Practice information was not provided in a variety of formats, for example large print and audio. We spoke to the practice manager about this and we were told it had never been requested, but that consideration would be given to providing information in different formats.

Access to the service

The practice is open 8am to 6.30pm Monday to Friday. Additional extended hours were not available. Patients requiring GP services outside of normal working hours were referred on to the local out of hours provider N.E.W. operated by the East Cheshire Trust.

Results from the national GP patient survey published in January 2016 (from 138 responses which is approximately equivalent to 2% of the patient list) showed that patient's satisfaction with how they could access care and treatment were comparable with local and national averages. For example:

- 80% of patients described their experience of making an appointment as good compared to the CCG average of 69% and national average of 73%.

- 92% of respondents were able to get an appointment to see or speak to someone last time they tried (CCG average 84%, national average 85%).
- 83% usually waited 15 minutes or less after their appointment time to be seen (CCG average 58%, national average 65%).

Listening and learning from concerns and complaints

The practice complaints policy was in line with recognised guidance and contractual obligations for GPs in England and the practice manager was the designated responsible person who handled all complaints in the practice. We were told that in practice this was not effective as the partners preferred to deal with complaints if they were named in the complaint. Administration staff were directed to forward any letters of complaint directly to the GP; this meant that the practice manager had no oversight of complaints and was unable to record and manage them effectively. Information about how to make a complaint was not available in the reception area and patients needed to ask for such information, which was available on request. All four patients who we spoke with told us they would not know how to make a complaint. The complaints policy clearly outlined a time frame for when the complaint would be acknowledged, however did not state a timeframe for response. The policy made it clear who the patient should contact if they were unhappy with the outcome of their complaint. There was no evidence of regular reviews of complaints to ensure they had been dealt with appropriately and identify trends.

The practice had recorded two complaints in the previous 12 months. We examined one of these and found the documentation supporting the complaint was sparse and amounted to a handwritten note on the front of the complaint, there was no letter of response to the complainant. We noted that staff dealt with minor verbal complaints without recording them, denying the practice the opportunity to identify trends relating to those complaints. The practice manager told us that verbal complaints would be recorded in future and reviewed periodically.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

It was clear from speaking to the management that they wished to provide safe and high standard care to their patients. However there was no documented practice vision on which team and individual objectives could be based. Staff we spoke with were unaware if there was a practice mission statement. We were provided with no evidence to show that the practice met on a regular basis to discuss a business plan or ongoing strategy.

Governance arrangements

Although there was no overarching governance strategy underpinning the running of the practice, there was however:

- Staff awareness of their own and other's roles and responsibilities. One GP was viewed by the staff as the overall lead GP. Staff were aware that one GP was the safeguarding lead and another was the lead for medicines management.
- Some staff told us they did not feel supported by the partners and that there was a dis-connect between the clinical and non-clinical staff within the practice.
- A series of practice specific policies that all staff could access on the computer system, some of these were out of date and required a review. The practice manager, who had been in post for just over a year, told us they were in the process of working through them to ensure they were all fit for purpose.
- No clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. Meetings were few in number. We were told partners' meetings took place most Mondays and palliative care meetings took place on a monthly basis. The practice manager told us that nurses meetings were held, but these were more informal and not minuted.
- A system of reporting incidents without fear of recrimination and thereby learning from outcomes of analysis of incidents actively took place. We noted that significant events were dealt with thoroughly and were well documented.

- No evidence provided of a system of continuous quality improvement. The use of audits could not clearly demonstrate improvement in the quality of care provided and there was no programme of audit which the practice would require to improve overall.
- Evidence of engagement with patients and the PPG and the levels of patient satisfaction with the service were high.

Leadership, openness and transparency

Some staff felt unsupported by management. Staff told us that there was an open culture within the administration staff at the practice and they had the opportunity to raise any issues with the practice manager. We were told that some staff felt less able to engage with the GPs and some staff felt that the partners knew little about them as individuals. The practice had a whistleblowing policy and all staff were aware of this.

The practice was aware of the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice proactively gave affected people reasonable support, truthful information and a verbal or written apology where appropriate.
- The practice kept written records of verbal interactions as well as written correspondence, although these tended to be brief and informal.

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

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

- There was an established PPG and the practice had acted on feedback. The PPG were involved in a number of initiatives including coffee afternoons and newsletters. The PPG told us they would have liked to have become more involved with patient support, for example flu clinics, but had not been encouraged by the GPs to do so. We spoke with the partners about this and they were surprised this had been said as they felt they had been very supportive of the PPG.

Are services well-led?

Requires improvement 

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

- The practice had the NHS Friends and Family survey available in reception to ascertain how likely patients were to recommend the practice, no patients had recently responded to the survey. The practice manager told us they would try to encourage more patients to complete the survey.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Some staff told us they would prefer more practice meetings in order to be more involved and have a better view of all the issues both clinical and non-clinical affecting the practice.

Continuous improvement

Clinicians kept up to date by attending various courses and events. The practice encouraged staff to progress in their careers.

The practice was located in a purpose built premises which required some updating. The practice manager told us they had just commissioned new flooring in some areas of the building and planned to improve facilities for disabled patients in the toilets. We asked the practice manager how they could evidence the practice's approach to continuous improvement, they were unable to offer any and expressed concern that the partners at the practice did not have a culture of sharing information. There was little evidence to demonstrate innovation or service development. There was minimal evidence of learning and reflective practice.

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 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints There was no effective system in place for managing complaints; patients we spoke with did not know how to make a complaint, no information about making complaints was on display for patients. Not all complaints were formally recorded and no reviews of complaints took place. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 16 (2).
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Some staff had not received training appropriate to their role (e.g. Mental Capacity Act 2005). Some staff had not received refresher training in all required areas (e.g. Infection control and equality and diversity) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 18 (1) and (2)
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 No effective recruitment policy or procedure was in place. Recruitment files lacked information required (e.g. Employment references, proof of identity and medical fitness declarations) as required by schedule 3.

This section is primarily information for the provider

Requirement notices

Health and Social Care Act 2008 (Regulated Activities)
Regulations 2014

Regulation 19 (2) (3)

This section is primarily information for the provider

Enforcement actions

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

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered provider did not have systems or processes which were established and operated effectively in order to demonstrate good governance.