

Dr Campbell & Partners Tarporley Health Centre

Quality Report

Tarporley Health Centre
Park Road
Tarporley
Cheshire
CW6 0BE

Telephone: 01829 733456

Website: <https://tarporleygps.gpsurgery.net/>

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Campbell & Partners Tarporley Health Centre on 15 and 22 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 equipment was checked to ensure it was safe to use and there were sufficient numbers of staff to meet the needs of patients.
- 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. They received an annual appraisal and had access to the training they needed for their roles.
- Patients were overall 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 generally in line with local and national averages.
- Information about how to complain was available. There was a system in place to manage complaints.
- There were systems in place to monitor and improve quality and identify risk.

Summary of findings

The areas where the provider should make improvements are:

- Involve the wider staff team in discussions about the actions to be taken following significant events and record annual reviews of significant events to demonstrate that actions taken were effective and any trends have been appropriately identified and addressed.
- Review the management of vaccine fridges to ensure staff are adhering to the protocol for the safe management of vaccines.
- The security of prescriptions should be reviewed as some were left in printers in rooms which were not locked.
- Checks of controlled drugs should be performed by two staff members to reduce the risks of mishandling or significant events remaining unnoticed.
- A clear process to follow for identifying a person collecting a prescription on behalf of a patient should be introduced.
- Medication at the Waverton branch should be passed to patients through the reception window to improve medication security.
- The system for ensuring staff receive regular training updates should be improved.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as Good for providing safe services. There were systems in place to reduce risks to patient safety, for example, the dispensaries were overall safely managed, the practice ensured equipment was checked to ensure it was safe to use, there were systems in place to promote infection control, appropriately manage significant events and there were sufficient numbers of staff to meet the needs of patients.

We found that some improvements should be made to the practice to improve safety. The practice should involve the wider staff team in discussions about the actions to be taken following significant events and record annual reviews of significant events to demonstrate that actions taken were effective and any trends have been appropriately identified and addressed. The security of prescriptions should be reviewed as some were left in printers in rooms which were not locked. Checks of controlled drugs should be performed by two staff members to reduce the risks of mishandling or significant events remaining unnoticed. A clear process to follow for identifying a person collecting a prescription on behalf of a patient should be introduced.

Good



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 had received an annual appraisal. Staff told us they felt well supported and they had received training appropriate to their roles. The system for ensuring staff received regular training updates should be improved.

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 overall 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



Summary of findings

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 and improvements had been made to improve access. 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.

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 specialist help when needed. Multi-disciplinary meetings were held to discuss and plan for the care of frail and elderly patients. 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 these patients were reviewed to identify what could be put in place by multi-disciplinary services to prevent future ill-health or hospital admission. 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. The GPs provided a weekly ward round and responded to urgent calls at a local care home for people with dementia. The nurse clinician made weekly visits to older patients at a local residential home. 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 dispensary provided home delivery of medication to patients who were unable to collect them. Medication was also blister packed to assist and monitor medication where there were concerns about usage. Polypharmacy (the concurrent use of multiple medications) reviews were undertaken to ensure patients were prescribed with medication that best met their needs.

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), ischaemic heart disease and hypertension. This information was reflected in the services provided such as screening programmes and vaccination programmes. Blood tests were also routinely carried out for patients' with anticoagulation, gastroenterological and dermatological conditions. The practice had a system in place to make sure no patient missed their regular reviews for long term

Good



Summary of findings

conditions. The clinical staff took the lead for different long term conditions and kept up to date in their specialist areas. The practice had monthly multi-disciplinary meetings and 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. The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives.

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 comparable to or higher than local and national averages. Appointments for young children were prioritised. Appointments were available outside of school hours. Family planning and sexual health services were provided. The practice 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. A monthly meeting was held with the health visiting service which provided a forum to discuss the needs of younger patients, including safeguarding concerns. Child health promotion information was available on the practice website and in leaflets displayed in the waiting area.

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. Appointments could be booked up to four weeks in advance. 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 main practice was open from 8am to 6.30pm Monday to Friday. The branch practice at Tarvin was open on Monday to Thursday from 8.30am to 11.30am and from 3pm to 6pm Monday and Friday. The branch practice at Waverton was open on Monday to Thursday from 3pm to 6pm and from 8.30am to 11.30am on Friday. 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

Good



Summary of findings

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, sexual health, smoking cessation advice and family planning services. The practice also promoted Exercise on Prescription (this helps people with medical conditions (who are not normally active) to access a supported exercise programme with the help of a specialist adviser) and weight management programmes. Reception staff sign-posted patients who do not necessarily need to see a GP. For example to services 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).

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 or a serious diagnosis 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. 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 were counsellors located at the practice that the clinicians could refer patients to, such as an alcohol and substance misuse counsellor. The practice monitored patients using lithium and carried out checks to ensure their wellbeing. There was a system to

Good



Summary of findings

follow up patients who attended accident and emergency departments of hospitals due to poor mental health. Patients were screened for dementia and referred to memory clinics if required. GPs provided a weekly ward round at a local care home for people with dementia. The staff team had received training in dementia awareness to assist them in identifying patients who may need extra support.

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 generally performing in-line with local and national averages. The practice was below the local and national averages with patient satisfaction with opening hours. The practice distributed 215 forms, 125 were returned which represents approximately 1.6% of the total practice population. The results showed:-

- 62% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 71% 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%.
- 56% 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%.
- 69% 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%. 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.

- 80% 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%.

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 62 responses had been received and 59 were either extremely likely or likely to recommend the practice to family or friends.

The practice was aware of the patient feedback from the National GP Patient Survey and it also monitored feedback through the Friends and Family test. As a result of this feedback changes had been made to the service to improve access which included, appointing a nurse clinician, reviewing the appointment system, increasing the number of telephone lines and more clinical appointments at the Tarvin branch surgery.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards the majority of which were positive about the standard of care received. We spoke with three 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.

Areas for improvement

Action the service SHOULD take to improve

- Involve the wider staff team in discussions about the actions to be taken following significant events and record annual reviews of significant events to demonstrate that actions taken were effective and any trends have been appropriately identified and addressed.
- Review the management of vaccine fridges to ensure staff are adhering to the protocol for the safe management of vaccines.
- The security of prescriptions should be reviewed as some were left in printers in rooms which were not locked.

Summary of findings

- Checks of controlled drugs should be performed by two staff members to reduce the risks of mishandling or significant events remaining unnoticed.
- A clear process to follow for identifying a person collecting a prescription on behalf of a patient should be introduced.
- Medication at the Waverton branch should be passed to patients through the reception window to improve medication security.
- The system for ensuring staff receive regular training updates should be improved.

Dr Campbell & Partners Tarporley Health Centre

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, a practice manager specialist advisor and a second CQC inspector.

Background to Dr Campbell & Partners Tarporley Health Centre

Dr Campbell & Partners Tarporley Health Centre is responsible for providing primary care services to approximately 7792 patients. The practice is situated in Park Road, Tarporley in West Cheshire. There are two branch practices based in the nearby villages of Waverton and Tarvin. There are dispensaries at all three locations. 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 four GP partners, one salaried GP, a nurse clinician, three practice nurses, a health care assistant, two phlebotomists, a practice manager, dispensary, administration and reception staff. Three GPs are female and two are male. The nursing staff, health care assistant and phlebotomists are female.

The main practice is open 8am to 6.30pm Monday to Friday. The branch practice at Tarvin is open on Monday to Thursday from 8.30am to 11.30am and from 3pm to 6pm Monday and Friday. The branch practice at Waverton is open on Monday to Thursday from 3pm to 6pm and 8.30am to 11.30am on Friday. An extended hour's service for routine appointments and an out of hour's service are commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust. Patient facilities are on the ground floor. The practice has limited on-site parking.

Dr Campbell & Partners Tarporley Health Centre has a General Medical Services (GMS) 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 for which it is not registered. This meant we were unable to inspect the premises where this regulated activity is taking 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.

Detailed findings

How we carried out this inspection

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

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

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

- Older people
- 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 15 and 22 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 clinical staff had received training on the investigation and management of significant events. 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 outcome of significant events and any action to be taken was communicated to them. However, the GPs decided on the action as a result of a significant event investigation rather than discussing this with the wider staff team. We were informed that this discussion used to take place and there was a plan to review practice meetings to provide a forum for this. We were informed that an annual review of significant events took place to ensure actions taken were effective and to look for patterns and trends. This review had not been recorded. Significant events relating to external services such as hospitals were sent to the Clinical Commissioning Group (CCG) for investigation.

We looked at a sample of significant events and found that action was taken to improve safety in the practice where needed. Staff told us they felt able to openly report any safety incidents, that they were dealt with appropriately and that a no blame culture was in operation.

There was a system in place for the management of patient safety alerts. We checked a sample of alerts and found that appropriate action had been taken.

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. The staff spoken with demonstrated they understood their responsibilities in relation to safeguarding. A discussion with staff indicated they had received safeguarding training relevant to their role. The training records however, showed gaps in this training where staff had not received this or an update was required. Following the

inspection the practice manager confirmed that the majority of staff, including all the GPs and nurses, had now completed this training and dates had been arranged for the remaining two staff to complete this. 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. A meeting was also held with the health visiting service to review the needs of children where concerns had been identified. 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, health care assistant and phlebotomist mainly acted as chaperones with some occasional assistance from 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. Staff who acted as chaperones had received guidance for this role and some had completed formal training. A further formal training session had been arranged for November 2016 to ensure all staff had received up to date training for this role.
- We observed the premises to be clean and tidy. A practice nurse 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. Infection control audits been completed at the main and the two branch practices. The audits demonstrated areas where improvements were needed and a discussion with the infection control lead demonstrated that action had been taken to make improvements to the premises to promote good infection control. The latest audits had only recently been undertaken and the infection control lead was in the process of developing the action plans. The training records did not demonstrate that all clinical and non-clinical staff had received training in infection

Are services safe?

control. Following the inspection the practice manager confirmed that all staff had completed on-line training in infection control and we were provided with an updated training record to confirm this.

- We reviewed three personnel files of staff employed within the last two years and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). A system was in place to carry out periodic checks of the Performers List, General Medical Council (GMC) and Nursing and Midwifery Council (NMC) to ensure the continued suitability of staff. A DBS check had been undertaken for all clinical staff and we reviewed a sample of records to confirm this.
- 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. 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. Vaccines were securely stored and were in date. We found that the temperatures of two fridges had not been consistently recorded and the temperature of one fridge had exceeded the recommended guidelines on six occasions in July and August 2016. There was no record of why this had occurred or to indicate that the protocol for the safe management of vaccines had been followed. Following the inspection we were provided with an investigation report which showed the measures that had been put in place to prevent a re-occurrence. This included all appropriate staff being re-trained in the safe management of the vaccine fridges and the importance of daily temperature recording and the purchase of a thermometer which constantly monitored and recorded the fridge temperature to allow review at any time. A recording was made of the receipt and allocation of prescriptions. However the security of prescriptions should be reviewed as some were left in printers in rooms which were not locked.
- The medication dispensaries were overall managed safely. Medicine storage in the dispensary was clean,

tidy and well organised. Controlled drugs were stored and destroyed in a safe and appropriate manner. We checked the stock balances of a sample of controlled drugs and found this to be correct. There was a lead GP for the dispensaries who met with the dispensary staff to discuss the operation of the dispensaries and any improvements that needed to be made. The practice had a system in place to assess the quality of the dispensing process and had signed up to the Dispensing Services Quality Scheme. There were standard operating procedures in place and dispensing staff had been appropriately trained. There were safe and effective processes for the management of prescription changes and medication reviews. We found that some improvements should be made to the dispensary. Checks of controlled drugs should be performed by two staff members to reduce the risks of mishandling or significant events remaining unnoticed. A clear process to follow for identifying a person collecting a prescription on behalf of a patient should be introduced. Medication at the Waverton branch should be passed to patients through the reception window to improve medication security.

Monitoring risks to patients

- There was a health and safety policy available with a poster displayed for staff to refer to. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Overall, we found that all the necessary buildings checks had been carried out. However, we were not provided with evidence of an up to date electrical wiring test, asbestos risk assessment, fire drill and up to date fire risk assessment for the Waverton branch and evidence of fire safety checks being carried out at the Tarvin branch. Following the inspection we were provided with evidence that these checks had been completed. The electrical wiring inspection indicated that work was needed to improve the installation. The practice manager informed us that quotations had been obtained for this work and a date to undertake this was being planned.

Are services safe?

- 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 the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The training records showed all clinical staff apart from one GP had completed up to date basic life support training. Nine administrative and reception staff needed their

update training. This had been booked for the whole team to attend in February 2017. The main practice and branch practices had a defibrillator and oxygen available on the premises which was checked to ensure it was safe for use. There were emergency medicines available which were in date and regularly checked.

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. 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 98% of the total number of points available which was comparable to local (98%) and national (95%) averages. The practice had a 5% 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) which was below 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 diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 81% compared to the CCG average of 83% and the national average of 84%.

- 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 76% 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 83% compared to the CCG average of 89% and the national average of 89%.
- In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who were currently treated with anticoagulation therapy was 91% compared to the CCG average of 87% and the national average of 87%.

The practice carried out audits to monitor the quality of service provided. We saw audits of prescribed medication such as for anticoagulation and medication used for the management of chronic obstructive pulmonary disease (COPD) that had led to changes in prescribing practices. We also saw assessments of clinical practices such as minor surgery, provision of intrauterine devices (IUD) and long-term prescribed medication were undertaken to monitor practice and make improvements where necessary. The GPs told us that completed audits were presented at clinical meetings so that the findings could be shared

The GPs and nurses had key roles in monitoring and improving outcomes for patients. These roles included the management of long term conditions, mental health, safeguarding, minor surgery, clinical governance and medication management. The clinical staff we spoke with told us they kept their training up to date in their specialist areas. This meant that they were able to focus on specific conditions and provide patients with regular support based on up to date information.

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 service to review the needs of children where concerns had been identified.

Effective staffing

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for new staff. This covered practice policies and procedures, safe working practices and role specific information. Locum GPs were provided with information they needed for their role and a locum pack was in place to support this.
- An appraisal system was in place to ensure staff had an annual appraisal. Staff told us they felt well 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.
- The training records showed that staff received training that included: safeguarding adults and children, fire procedures, basic life support, infection control, health and safety and information governance. The training records showed that there were a number of gaps were staff had not received up to date training in all of these areas. Following the inspection we were provided with a revised training record that demonstrated that staff had undertaken recent training to address the majority of training shortfalls. The practice manager advised that further training had been planned to ensure all staff were up to date in these areas.
- 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.

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 services.

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/or training about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. However, the staff training records indicated that not all the clinical staff had received this training. There was a plan in place to address this. 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). Written consent was also obtained from patients.

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 90% 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 35 comment cards the majority of which were positive about the standard of care received. Patients told us they felt listened to and that staff were kind and caring. We spoke with three 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%.
- 87% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 95% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 97% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.

The practice reviewed the outcome of any surveys undertaken to ensure that standards were being maintained and action could be taken to address any shortfalls.

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:

- 87% 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%.
- 84% 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%.
- 82% 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 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. Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement.

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?

87 patients as carers (approximately 1% 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 further carers to ensure they had access to the support services available.

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. A monthly meeting was held with the health visiting service which provided a forum to discuss the needs of younger patients, including safeguarding concerns.

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.
- 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 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 dispensary provided home delivery of medication to patients who were unable to collect them.

- The practice ran Saturday and evening 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 Groups (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.
- 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).
- Travel vaccinations were provided.
- There was a counsellor located at the practice that the clinicians could refer patients to.
- The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives.
- 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. Appointments could be booked up to four weeks in advance. Patients were encouraged to sign up for Patient Access so they could order repeat prescriptions, book appointments and view their medical records on-line. The main practice was open 8am to 6.30pm Monday to Friday. The branch practice at Tarvin was open on Monday to

Are services responsive to people's needs?

(for example, to feedback?)

Thursday from 8.30am to 11.30am and from 3pm to 6pm Monday and Friday. The branch practice at Waverton was open on Monday to Thursday from 3pm to 6pm and 8.30am to 11.30am on Friday.

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 were overall comparable to local and national averages. The practice was below the local and national averages with patient satisfaction with opening hours:

- 62% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 71% 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%.
- 56% 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%.
- 69% 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%.

The practice was aware of the patient feedback from the National GP Patient Survey and it also monitored feedback through 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. As a result of this feedback changes had been made to the service to improve access which included, appointing a nurse clinician, reviewing the appointment system, increasing the number of telephone lines and more clinical appointments at the Tarvin branch surgery.

We asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards. We also spoke with three 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. Two patients said it could be difficult to get an appointment at a convenient time and one said they did not always get to see the GP of their choice.

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 included providing the best possible healthcare to patients in a holistic, person-centred service. Ensuring staff have the training required for their roles, providing the necessary information to patients to enable them to take responsibility for their health requirements and working with other healthcare services to meet patients' needs. 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 overall happy with their care and treatment and with access to the service. Written information was provided to patients about the standards they could expect from the practice. Staff spoken with were clear about the values of the practice and its aims and objectives.

Governance arrangements

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.

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.

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. We noted that a meeting of all staff did not regularly take place. Following our visit we were informed that these would be held quarterly and the next two meetings had been scheduled.

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 practice carried out a survey of patients views in 2014. The results showed that 85% of patients rated this practice as good, very good or excellent and indicated that overall patients were happy with the services provided and had confidence in the practice.
- The PPG met at least four 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 amount of appointments available at the Tarvin branch practice and to the accessibility of the premises. Additional appointments were now offered at the Tarvin branch practice and automatic doors and a hearing loop had been installed at the main practice. We spoke with three 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 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.

Are services well-led?

Good 

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

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, 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. 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 made changes to improve services for patients. The practice was aware of the challenges it faced and had plans in place to further improve service provision.

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.