

The Knoll Surgery

Quality Report

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Date of inspection visit: 2 November 2016

Date of publication: 18/01/2017

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Knoll Surgery on 2 November 2016.

Overall the practice is rated as requires improvement.

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 management of staffing levels and systems to safeguard vulnerable patients. Improvements were needed to the management of health and safety at the premises.
- Staff spoken with understood their responsibilities to raise concerns and report incidents and near misses.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff told us they felt supported. The system for providing staff with the training needed for their roles should be monitored to ensure all staff receive the training they require.
- Patients were positive about the care and treatment they received from the practice. The National GP 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 overall 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 in line with local and national averages.
- Information about how to complain was available. There was a system in place to manage complaints.

Summary of findings

- There were systems in place to monitor and improve quality and identify risk. However, improvements were need to the governance systems to ensure the premises were safe and staff had received the training they required for their roles.

There were areas of practice where the provider must make improvements:

- The provider must ensure the premises are safely maintained.

The areas where the provider should make improvements are:

- Improve the security of the storage of medication at the branch practice.
- Ensure that the protocol around the safe management of vaccines is followed whenever the fridge temperature falls outside the recommended guidelines.

- Continue to ensure that checks of the stocks of controlled drugs are carried out by two staff members.
- Review the system for identifying dispensing errors to ensure it is effective.
- Put in place a formal procedure for following up people who do not collect their requested prescriptions.
- Put in place a standard operating procedure to govern the arrangements for dispensing medication at the branch practice.
- The system for providing staff with the training needed for their roles should be monitored to ensure all staff receive training in infection control, information governance and health and safety.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services. Improvements were needed to the management of health and safety to ensure that the premises were safe and staff had the training they needed to promote a safe environment and working practices. We also found that improvements should be made to records and safety systems to improve the operation of the service. The protocol around the safe management of vaccines was not followed when the fridge temperature had fallen outside the recommended guidelines. The security of medication held at the branch practice should be improved. We found that some improvements should be made to the management of the dispensary at the main practice and to medication dispensed from the branch practice.

There were systems in place to protect patients from risks to their safety. For example, safety events were reported, investigated and action taken to reduce a re-occurrence and there were systems to ensure sufficient staffing levels to meet the needs of patients.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Audits of clinical practice were undertaken. A system for ensuring the regular appraisal of staff was in place. Staff told us they felt supported. The system for providing staff with the training needed for their roles should be monitored to ensure all staff receive training in infection control, information governance and health and safety.

Good



Are services caring?

The practice is rated as good for providing caring services. We saw staff treated patients with kindness and respect. Patients spoken with and who returned comment cards were positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Patients felt involved in planning and making decisions about their care and treatment. Results from the National GP Patient Survey showed that patient responses regarding care and treatment were comparable to local and national averages.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated good for providing responsive services. Services were planned and delivered to take into account the needs of different patient groups. Access to the service was monitored to ensure it met the needs of patients. Results from the National GP Patient Survey showed that patient responses regarding access to the service were comparable to local and national averages. The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint.

Good



Are services well-led?

The practice is rated good for providing well-led services. There were systems in place to monitor the operation of the service. Staff felt supported by management. The practice held regular governance meetings. 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. They kept up to date registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice prioritised patients who may be at risk of poor health due to frailty. Following a medical event such as unplanned hospital attendance the medical needs of these patients were reviewed to identify what could be put in place to prevent future ill-health or hospital admission. The practice was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. They provided an Early Visiting Service to improve patient access to GP services and to the resources needed to support patients at home with the aim of reducing emergency admissions to hospital and use of emergency services. Working with the CCG, neighbouring practices and a local nursing home a service had been recently introduced to avoid unplanned hospital admission by using the nursing home service to support patients who were too frail to remain at home but did not require hospital admission. Monthly meetings between the integrated care team, practice nurses and GPs took place to review the needs of older patients with complex needs and share information. A free delivery service was provided to patients who used the dispensary provided by the practice.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. The practice had a system in place to make sure no patient missed their regular reviews for long term conditions. Long term conditions were often managed by combining appointments on the same day such as blood tests and medication reviews to reduce the need for multiple appointments. 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 weekly clinical meetings to discuss the needs of palliative care patients and patients with complex needs. Alerts were added to patient records

Good



Summary of findings

to notify reception staff about the specific needs of a patient with a long term condition, such as the need for the patient to see a particular clinician to ensure continuity. 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 and patients were also referred to educational courses on how to manage their conditions.

Families, children and young people

The practice is rated as good for the care of families, children and young people. Child health surveillance and immunisation clinics were provided. Appointments for young and unwell children were prioritised. Telephone consultations for parents worried about their child's health were offered were this was sooner than an appointment. The staff we spoke with had appropriate knowledge about child protection and how to report any concerns. 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. Child health promotion information was available on the practice website and in leaflets displayed in the waiting area. Family planning and sexual health services were provided.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice offered pre-bookable appointments, book on the day appointments and telephone consultations. Patients could order repeat prescriptions and book appointments on-line which provided flexibility to working patients and those in full time education. An automated telephone system enabled patients to book, check or cancel an appointment 24 hours a day. The practice was open from 8am to 6.30pm Monday to Friday allowing early morning and late evening appointments to be offered to this group of patients. The branch practice was open one afternoon and four morning a week allowing patients to access this service also. An extended hour's service for routine appointments was commissioned by West Cheshire CCG. The practice was also planning to offer extended hour opening from 7am to 8am. The practice website provided information around self-care and local services available for patients.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. Patients' electronic records contained alerts for staff regarding patients requiring

Good



Summary of findings

additional assistance. For example, if a patient had a learning disability to enable appropriate support to be provided. The staff we spoke with had appropriate knowledge about safeguarding vulnerable adults and all staff had safeguarding training relevant to their role. Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate services. A member of staff acted as a carer's link and they were working to identify carers and promote the support available to them through organisations such as the Carers Trust. The practice referred patients to local health and social care services for support, such as drug and alcohol services and to the wellbeing coordinator.

People experiencing poor mental health (including people with dementia)

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients receiving support with their mental health. Patients experiencing poor mental health were offered an annual review. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. Alerts were placed on patient records to identify patients who had complex needs or were best treated by their own GP to ensure continuity of care. The practice referred patients to appropriate services such as psychiatry and counselling services. The practice had information in the waiting areas about services available for patients with poor mental health. For example, services for patients who may experience depression.

Good



Summary of findings

What people who use the service say

Data from the National GP Patient Survey July 2016 (data collected from July-September 2015 and January-March 2016) showed that the practice was performing above national averages. The practice distributed 220 forms and 123 were returned representing 1% of the total practice population. The results showed:-

- 89% of patients gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' compared to the national average of 73%.
- 96% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were all positive about the standard of care received. Patients told us they felt listened to and that staff were kind and caring.

We spoke with six patients. All were happy with the care they received. They said that a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns. Feedback from patients indicated they were generally satisfied with access to the service. The majority of patients said that they were able to get an appointment when one was needed and that they were happy with opening hours.

The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results from August to October 2016 showed that 76 responses had been received and 70 were either extremely likely or likely to recommend the practice to family or friends.

Areas for improvement

Action the service **MUST** take to improve

- The provider must ensure the premises are safely maintained.

Action the service **SHOULD** take to improve

- Improve the security of the storage of medication at the branch practice.
- Ensure that the protocol around the safe management of vaccines is followed whenever the fridge temperature falls outside the recommended guidelines.
- Continue to ensure that checks of the stocks of controlled drugs are carried out by two staff members.

- Review the system for identifying dispensing errors to ensure it is effective.
- Put in place a formal procedure for following up people who do not collect their requested prescriptions.
- Put in place a standard operating procedure to govern the arrangements for dispensing medication at the branch practice.
- The system for providing staff with the training needed for their roles should be monitored to ensure all staff receive training in infection control, information governance and health and safety.

The Knoll Surgery

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 CQC pharmacy inspector.

Background to The Knoll Surgery

The Knoll Surgery is responsible for providing primary care services to approximately 12,170 patients. The practice is situated in Princeway Health Centre in Frodsham, Cheshire. There is a branch practice which is situated in the village of Kingsley, Frodsham approximately three miles from the main health centre. A medication dispensary service is provided at The Knoll Surgery and medication for acute conditions is dispensed from the branch practice.

The practice is based in an area with lower levels of economic deprivation when compared to other practices nationally. The number of patients with a long standing health condition is around 10% higher than local and national averages.

The staff team includes eight partner GPs and a partner who is the manager of the service. A nurse clinician, three practice nurses, two health care assistants, a phlebotomist, practice manager, administration, reception and medication dispensary staff.

The Knoll Surgery is open 8am to 6.30pm Monday to Friday. The branch practice is open one afternoon and four mornings each week. The dispensary services are open the same hours as the practices. An extended hour's service for routine appointments and an out of hour's service are

commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust. The extended hour's service is based in the nearby village of Helsby on Monday and Tuesday evenings.

The practice has a General Medical Services (GMS) contract. The practice offers a range of enhanced services such, minor surgery, timely diagnosis of dementia and avoidance of unplanned hospital admissions.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Detailed findings

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

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

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We carried out an

announced inspection on 2 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. Staff spoken with knew how to identify and report a significant event. The practice carried out an analysis of significant events and this also formed part of the GPs' individual revalidation process. The GPs held meetings where significant events were discussed and there was a system to cascade any learning points to other clinical and non-clinical staff via meetings and email. We looked at a sample of significant events and found that action had been taken to improve safety in the practice where necessary. An annual review was carried out to identify any patterns and trends arising. There was a system in place for the management of patient safety alerts.

Overview of safety systems and processes

- The practice had policies and procedures for staff to refer to concerning safeguarding children and vulnerable adults from abuse. Staff spoken with were aware of who to report safeguarding concerns to and the procedure to follow. There was a lead member of staff for safeguarding. The practice had systems in place to monitor and respond to requests for attendance/reports at safeguarding meetings. Staff demonstrated they understood their responsibilities and they had received safeguarding children training relevant to their role. Training records showed the nursing staff and administrative staff had completed training in safeguarding vulnerable adults. The practice manager confirmed all GPs had received this training and the dates of this were being gathered from GP appraisal records. 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. The health visitor also attended a practice meeting to discuss any concerns about the welfare of young children. Alerts were placed on patient records to identify if there were any safety concerns.
- A notice was displayed in the waiting room and treatment rooms advising patients that a chaperone was available if required. The nursing staff and some reception staff acted as chaperones and they had

received training for this role. A Disclosure and Barring Service (DBS) check had been undertaken for the nursing staff but not for all the reception 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. A risk assessment was not in place to demonstrate why a Disclosure and Barring (DBS) check was not required for staff who acted as chaperones. Following the inspection we were informed that DBS checks had been completed for all staff who acted as chaperones and we were provided with a register of staff who had a completed DBS.

- The practice had systems in place to promote infection control. We observed the premises to be clean and tidy and there were appropriate hand-washing facilities, signage and protective equipment available at both the main practice and the branch. A practice nurse was the infection control clinical lead. There were infection prevention and control policies and guidelines available for staff to refer to. An infection control audit had last been undertaken by the clinical lead in October 2016. Records of training indicated that not all nurses, GPs and administrative staff had received infection control training. The need for this training had been identified and we were informed that a plan was in place to address this. Nursing staff were kept up to date with infection control practices through their regular clinical meetings. Following the inspection a date for staff to complete infection control training was provided.
- The arrangements for managing medicines overall kept patients safe. Vaccines were securely stored, were in date and we saw the fridges were checked daily to ensure the temperature was within the required range for the safe storage of vaccines. We noted that the fridge temperature had risen slightly above the recommended temperature on a couple of occasions although no record was made about why this had occurred or to indicate that the protocol for the safe management of vaccines had been followed. Regular prescribing audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were stored in locked rooms and a system was in place to monitor their use.

Are services safe?

- The dispensary was 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. 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 staff who dispensed medicines had been appropriately trained. Dispensary staff told us they saw the GP responsible for providing effective leadership for the dispensary every day. 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. The dispensary staff carried out stock checks of controlled drugs monthly and these were recorded by one person. These checks could be more frequent and include controlled drugs subject to less stringent legal control but still liable to misuse. Checks should be performed by two staff members to reduce the risks of mishandling or significant events remaining unnoticed. Following our visit we were informed these checks were now carried out by two members of staff. Dispensary staff kept a record of dispensing errors including those found and corrected before the medicine was handed to the patient. Only one incident was recorded so far this year and a review of the system for reporting errors should take place to ensure it is effective. There was no formal arrangement for following up people who did not collect their requested prescriptions. The branch surgery had medication for acute conditions which was dispensed by a GP. There was no standard operating procedure to govern these arrangements. The medication to be dispensed was not held in a locked cupboard. However, the door to the practice was alarmed and had reinforced glass. Following the inspection we were informed that a lockable cupboard had been ordered.
- We reviewed the recruitment records of the last two staff to be employed by the practice. We found a number of pre-employment checks had been carried out such as identity and reference checks. However, we found that a DBS check had not been obtained for a member of staff employed to carry out phlebotomy. Following the inspection we were provided with evidence that this

check had been completed. We saw that a recent check of the Performers List, General Medical Council (GMC) and Nursing and Midwifery Council (NMC) had been undertaken for all GPs and nurses.

Monitoring risks to patients

- Improvements were needed to the management of health and safety at the premises. There was a health and safety policy available with a poster displayed for staff to refer to. This referred to staff being provided with health and safety training although a number of staff had not completed this. A date to undertake this was provided following the inspection. Fire safety equipment was serviced annually at The Knoll Surgery. A record of emergency lighting being serviced at the branch practice was not available. In-house checks of the fire alarm were taking place at The Knoll Surgery, a fire drill had taken place in the last 12 months and staff training records showed a number of staff had completed fire safety training. There were no records of in-house fire safety checks at the branch practice. An electrical wiring certificate was not available for the branch practice. Following the inspection we were informed that this work was planned for December 2016.
- The practice had carried out a legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings) risk assessment. This indicated a low risk. Portable electrical equipment and clinical equipment were checked to ensure they were safe to use.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. The practice manager and registered manager confirmed that all staff had received basic life support training. We spoke to a sample of staff who confirmed they had up to date training in this area. The training records also reflected this. A defibrillator and oxygen were available on the premises which were checked

Are services safe?

to ensure they were safe for use. There were emergency medicines available which were in date and held securely. The practice had a business continuity plan in place for major incidents such as power failure or building damage.

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. 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. Patients who had long term conditions were continuously followed up throughout the year to ensure they attended health reviews. Current results (data from 2014-2015) showed the practice had achieved 99.6% of the total number of points available which was comparable to local (96%) and national (95%) averages. The practice had a 6% 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 (9%) averages. Data from 2014-2015 showed that outcomes were comparable to other practices nationally:

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 94% compared to the national average of 88%.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 91% compared to the national average of 88%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 85% compared to the national average of 84%.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 76% compared to the national average of 75%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 87% compared to the national average of 84%.

The practice carried out audits to monitor the quality of service provided. We saw audits of prescribed medication such as antibiotics that had led to changes in prescribing practices. We also saw audits of clinical practices such as implants were undertaken to monitor practice and make improvements where necessary. The GPs told us that completed audits were placed in a shared folder and 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, palliative care, safeguarding, information governance, cancer care 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. Clinical staff spoken with told us that frequent liaison occurred outside these meetings with health and social care professionals in accordance with the needs of patients.

The practice had received Clinical Commissioning Group (CCG) awards for being the most effective diabetes care

Are services effective?

(for example, treatment is effective)

provider and for being the Integrated team of the year shared with its two neighbour practices and their integrated team. The practice had also received the CCG award for having the IT team of the year. This was awarded in recognition of the team having been instrumental in the roll out of several services, such as early visiting and referral templates and for providing support to other services who requested assistance.

Effective staffing

- The practice had an induction programme for all newly appointed staff. This was a general induction that covered practice policies and procedures, safe working practices, safeguarding and significant event reporting.
- An appraisal system was in place and all 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.
- 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 and immunisations and that they attended training events provided by the Clinical Commissioning Group to keep up to date.
- The training records showed that staff had not all undertaken the training required for their roles. The records showed a number of staff had not completed infection control, information governance and health and safety training. The records did not show a full list of training provided to clinical staff that would be required for their roles such as cytology and minor surgery although clinical staff spoken with told us they were up to date in any training they required. The practice had access to an on-line learning resource and they had put in place a system for monitoring staff training. The practice manager advised that the training shortfalls would be addressed through this system. Following the inspection we were provided with revised training records which showed clinical training and dates for staff to undertake training in health and safety, infection control and information governance. Records showed some staff had completed their information governance training since the inspection. The training records showed all staff apart from the GPs had completed adult safeguarding training. We were advised

this had been completed in January 2016 but the dates had not been recorded. The provider should ensure that the system for ensuring that all staff undertake the training they required for their roles is monitored to ensure all staff receive training in infection control, information governance and health and safety.

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 was 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 and found this was sought in line with legislation and guidance. Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Clinical staff had read guidance about the Mental Capacity Act 2005 and we were informed that all GPs had attended formal training. The nursing team had not all received formal training in this area. This training was planned for next year. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Written consent for minor surgery was obtained and held on patients' records. Verbal consent was obtained for other invasive procedures such as insertion of intrauterine devices.

Supporting patients to live healthier lives

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.

Are services effective?

(for example, treatment is effective)

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 2014 to March 2015 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were comparable to other practices nationally. The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 82% and the national average of 82%. The practice also encouraged its patients to attend national screening programmes for 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 94% to 98% 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.

All of the 45 patient Care Quality Commission comment cards we received were positive about the care and treatment provided. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We spoke with six patients who told us they were happy with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Data from the National GP Patient Survey July 2016 (data collected from July-September 2015 and January-March 2016) showed that patient's 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:-

- 94% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 91% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 95% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 95% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.

- 98% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 99% 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 manager and partners reviewed the outcome of the National GP Patient Survey and discussed it with the wider staff team and the PPG.

Care planning and involvement in decisions about care and treatment

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

Data from the National GP Patient Survey July 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.

- 90% 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%.
- 89% 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%.
- 91% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 85% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. For example, there were translation and interpreting services available.

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 a number of support groups and organisations. Information about support groups was also available on the practice website.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified approximately 285 patients as carers (2.3% of the practice list). This information was used to support carers and direct them to appropriate resources. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice offered a range of enhanced services such as, minor surgery, timely diagnosis of dementia and avoidance of unplanned hospital admissions. The practice was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. They provided an Early Visiting Service to improve patient access to GP services and to the resources needed to support patients at home with the aim of reducing emergency admissions to hospital and use of emergency services. Working with the CCG, neighbouring practices and a local nursing home a service had been recently introduced to avoid unplanned hospital admissions by using the nursing home service to support patients who were too frail to remain at home but did not require hospital admission.

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

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

- The main practice was open from 8am to 6.30pm Monday to Friday allowing early morning and evening appointments to be offered. The branch practice opened one afternoon and four mornings each week to provide services to more rurally based patients.
- 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. A system was in place to prioritise home visits.
- 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.

- The practice provided support and information to patients to encourage them to manage their long term conditions.
- There were longer appointments available for patients who needed them, for example, for patients with a learning disability.
- Translation services were available if needed.
- A free delivery service was provided to patients who used the dispensary provided by the practice.
- 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 Physio First service (this provided physiotherapy appointments for patients without the need to see a GP for a referral).
- The practice provided services such as spirometry and
- Saturday flu vaccination clinics were provided to encourage patients to access this service.

Access to the service

The practice offered pre-bookable appointments, book on the day appointments and telephone consultations. Non-urgent appointments could be booked up to four weeks in advance. Patients could order repeat prescriptions and book appointments on-line. An automated telephone system enabled patients to book, check or cancel an appointment 24 hours a day. An extended hour's service for routine appointments and an out of hour's service were commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust. The practice was planning to offer extended hours opening from 7am to 8am.

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 comparable to local and national averages. For example:

- 79% describe their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.
- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 79%.

Are services responsive to people's needs?

(for example, to feedback?)

- 89% of patients gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' compared to the CCG average of 71% and national average of 73%.
- 77% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and the national average of 76%.

The practice manager and partners reviewed the outcome of any surveys undertaken to ensure that standards were being maintained and action could be taken to address any shortfalls. The results were also discussed with the Patient Participation Group (PPG). The practice monitored access to ensure it was sufficient to meet patients' needs. The practice informed us that it was ranked in the top 5% of GP practices nationally by an independent newspaper review of the National GP Patient Survey.

We received 45 comment cards and spoke to six patients. Patients said that they were generally able to get an appointment when one was needed and that they were happy with opening hours. Two patients said there could be a long wait for a phlebotomy appointment and three

said there could be a long wait for non-urgent appointments. The practice was working with the CCG to look at ways of addressing the issue of long waiting times for phlebotomy.

Listening and learning from concerns and complaints

There was a written complaints procedure for patients to refer to which was available at the practice and referred to in the patient information leaflet and on the practice website. This 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 four complaints received within the last 12 months. Records showed they had been investigated, patients informed of the outcome and records and a discussion with the practice manager showed action had been taken to improve practice where appropriate. The records showed openness and transparency with dealing with the 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 patients with the best possible service, involving patients in decisions about their treatment and promoting good health and well being through education and information. We noted that the statement of purpose and aims and objectives of the practice were not publicised for patients. However, the patients we spoke with and comments received indicated that these aims were being achieved in that they were receiving good care and treatment and they were happy with access to the service.

Governance arrangements

There was a clear staffing structure and that staff were aware of their own roles and responsibilities. There were clear systems to enable staff to report any issues and concerns. We looked at a sample of significant events and found that action had been taken to improve safety in the practice where necessary. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The practice had completed clinical audits to evaluate the operation of the service and the care and treatment given.

There were systems in place to monitor the operation of the service. The practice utilised the services of an independent human resources and health and safety provider for advice and guidance in the operation of the service. A contract was also in place with the owner of the premises regarding maintenance and safety. However we found improvements were needed to ensure the premises were safe.

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, registered manager or a GP partner. Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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 and non-clinical staff had meetings to review their roles and keep up to date with any changes. Partners and the practice manager met to look at the overall operation of the service and future development.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met once a month and submitted proposals for improvements to the practice management team. For example, the PPG had recommended that changes be made to the telephone system and to the written information about health care available at the practice and at local community buildings. They had also recommended that there be greater availability of female GPs at the branch practice. The PPG also carried out surveys to assist in identifying areas where improvements were needed. We spoke to six members of the PPG who said they felt they were listened to and changes had been made to the practice as a consequence. They told us that they were currently working with the practice to produce a quarterly newsletter for patients.
- The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014.
- The practice gathered feedback from staff through staff meetings and informal discussion. Staff told us they would give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice was working with neighbourhood practices and the CCG to provide

Are services well-led?

Good 

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

services to meet the needs of older people. They provided an Early Visiting Service to improve patient access to GP services and to the resources needed to support patients at home with the aim of reducing emergency admissions to hospital and use of emergency services. Working with the CCG, neighbouring practices and a local nursing home a service had been recently introduced to avoid unplanned hospital admissions by using the nursing home service to support patients who were too frail to remain at home but did not require hospital admission.

The practice had also been involved in and was currently piloting services to improve patient care such as

information technology and prescribing services. The practice was also working with other practices to set up more community led services. For example, a D-dimer testing (these tests are used to help rule out the presence of an inappropriate blood clot) service had been trialled. The practice was working on the development of an acute care hub to improve patient access. This would separate acute and long term health conditions and allow patients with long term conditions to be seen promptly, closer to home and have longer appointments with a GP of their choice.

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	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>A system was not in place to ensure all health and safety checks were carried out at the recommended frequencies.</p> <ul style="list-style-type: none">• Records of in-house fire safety equipment checks were not maintained for the branch practice.• An up to date electrical wiring safety inspection had not been carried out at the branch practice.• A recent safety inspection of the emergency lighting at the branch practice had not been carried out.